

FILED  
Jun 18, 2003 8:00 am  
Secretary of State

05-05-2003 92209 023 \*\*\*150.00

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #	P00000025513	YEAR-2003
1. Entity Name		
EUROCAR, INC.		

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55048649

2. Principal Place of Business	3. Mailing Address
18900 NW 2ND AVENUE	18900 NW 2ND AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number	Applied For
MIAMI, FL	MIAMI-FLORIDA	65-0990263	Not Applicable
Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
33169	USA	<input type="checkbox"/>	

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7. Name and Address of Current Registered Agent	
Name	
PEDRO A ELGUETA	
Street Address (P.O. Box Number is Not Acceptable)	
18900 NW 2ND AVENUE	
City	Zip Code
MIAMI	33169

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	DATE
	6/18/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)	
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	

10. OFFICERS AND DIRECTORS

TITLE	PDT
NAME	ELGUETA, PEDRO A
STREET ADDRESS	18900 NW 2ND AVENUE
CITY-ST-ZIP	MIAMI-FL 33169
TITLE	DVP
NAME	ELGUETA, MARCOS
STREET ADDRESS	18900 NW 2ND AVENUE
CITY-ST-ZIP	MIAMI-FL 33169
TITLE	DS
NAME	MANSILLA, ALEJANDRO
STREET ADDRESS	18900 NW 2ND AVENUE
CITY-ST-ZIP	MIAMI-FL 33169
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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11.

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CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: PEDRO A ELGUETA, PRESIDENT 4/24/2003 (305) 651-6393  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #