

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90009 007 ***150.00

DOCUMENT #

1. Entity Name

EUROAMERICA DISTRIBUTOR INC

Principal Place of Business

Mailing Address

2. Principal Place of Business

8306 MILLS DR

3. Mailing Address

Suite, Apt. #, etc.

538

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

City & State

4. FEI Number

65-1032909

Applied For

Not Applicable

Zip

33183

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

A0035192

6. Name and Address of Current Registered AgentPEDRO VILLARREAL
8306 MILLS DR STE 538
MIAMI FL 33183**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. If above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.
(See criteria on back)☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution.☐\$5.00 May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Delete |
|-------|------------------|-----------------------|----------------|--------------------------|
| S | PEDRO VILLARREAL | 8306 MILLS DR STE 538 | MIAMI FL 33183 | <input type="checkbox"/> |
| P | MANUEL VELOSO | 8306 MILLS DR STE 538 | MIAMI FL 33183 | <input type="checkbox"/> |
| VP | RADAMEJ GONZALEZ | 8306 MILLS DR STE 538 | MIAMI FL 33183 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Change | Addition |
|-------|------|----------------|-------------|--------------------------|--------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)