

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90008 047 ***150.00

0233727 AV

DOCUMENT # P00000074116

1. Entity Name
EUROAMERICA U.S.A., CORP.

Principal Place of Business
6033 SW 8 ST
MIAMI FL 33144

Mailing Address
6033 SW 8 ST
MIAMI FL 33144

2. Principal Place of Business
8161 NW 67 ST
 Suite, Apt. #, etc.

3. Mailing Address
8161 NW 67 ST
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
MIAMI FL
 Zip
33174

City & State
MIAMI FL
 Zip
33174

4. FEI Number **65-1029067**
 Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ALBITE, ALBERTO
6033 SW 8 ST
MIAMI FL 33144

7. Name and Address of New Registered Agent

Name **ALBERTO ALBITE**
 Street Address (P.O. Box Number is Not Acceptable)
8161 N.W. 67 Street
 City **MIAMI** FL Zip Code **33174**

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.

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ALBITE, ALBERTO	
STREET ADDRESS	6033 SW 8 ST	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	V	<input type="checkbox"/> Delete
NAME	BLANCO, ANGEL	
STREET ADDRESS	6033 SW 8 ST	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 power like empowered.

SIGNATURE: *Alberto Albite*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/09/02 305-392-5585
 Date Daytime Phone #

CP2E034 (9/01)