

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000094149

1. Entity Name

EUROAMERICAN TELEAXIS, INC.

FILED

Apr 06, 2001 8:00 am  
Secretary of State

04-06-2001 90058 006 \*\*\*150.00

Principal Place of Business

7000 WILLIAMS ISLAND BLVD SUITE 2909  
AVENTURA FL 33160

Mailing Address

7000 WILLIAMS ISLAND BLVD SUITE 2909  
AVENTURA FL 33160

2. Principal Place of Business

3. Mailing Address

C/O Susan D. Pesel

Suite, Apt. #, etc.

Suite, Apt. #, etc.

225 N.E. Mizner Blvd. #300

City & State

City & State

Boca Raton FL

Zip

Country

Zip

Country

33432

U.S.A.

4. FEI Number

65-1046045

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KOVARCIK, PETER

7000 WILLIAMS ISLAND BLVD SUITE 2909  
AVENTURA FL 33160

Name

Susan D. Pesel, P.A.

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

225 N.E. Mizner Blvd. #300

City

Boca Raton

FL

Zip Code

33432

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

SUSAN D. PESEL

2/7/01

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 State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	KOVARCIK, PETER	
STREET ADDRESS	7000 WILLIAMS ISLAND BLVD SUITE 2909	
CITY-ST-ZIP	AVENTURA FL 33160	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOVARCIK, PETER	
STREET ADDRESS	7000 WILLIAMS ISLAND BLVD. SUITE 2909	
CITY-ST-ZIP	AVENTURA FL 33160	
TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAREL PESEL	
STREET ADDRESS	2515 NW 99th Ave.	
CITY-ST-ZIP	Coral Springs, FL 33065	
TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	IGOR KOVARCIK	
STREET ADDRESS	7000 WILLIAMS ISLAND BLVD. SUITE 2909	
CITY-ST-ZIP	AVENTURA, FL 33160	
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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KAREL PESEL

Date

Daytime Phone #

4/1/01 13052051394

0619515

CR2E034 (10/00)