

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90068 023 \*\*\*150.00

**DOCUMENT # P00000107132**

1. Entity Name  
**EUREKA MINAS CORPORATION**

Principal Place of Business  
**2679 TIGERTAIL AVE. #J  
 COCONUT GROVE FL 33133**

Mailing Address  
**P.O. BOX 330428  
 MIAMI FL 33233**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**16520 South Post Rd**

3. Mailing Address  
**16520 South Post Rd**

Suite, Apt. #, etc.  
**201**

Suite, Apt. #, etc.  
**201**

City & State  
**Weston, FL**

City & State  
**Weston, FL**

4. FEI Number  Applied For  
 Not Applicable

Zip  
**33331**

Country  
**U.S.A.**

Zip  
**33331**

Country  
**USA**

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**

**MORENO-BO, FABIOLA  
 2679 TIGERTAIL AVE, #J  
 COCONUT GROVE FL 33133**

Name  
**MORENO-BO FABIOLA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**16520 South Post Rd # 201**  
 City **Weston** **FL** Zip Code **33331**

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 *Fabiola Moreno-Bo* **FABIOLA MORENO-BO**

**4/22/01**  
 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 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
V	MORENO-BO, FABIOLA	2679 TIGERTAIL AVE, #J	COCONUT GROVE FL 33133	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<del>SECRETARY</del>	FABIOLA MORENO-BO	16520 SOUTH POST RD #201	WESTON, FL 33331	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PRESIDENT	EUGENIO MORENO-BO	16520 S POST RD #201	Weston, FL 33331	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VICE-PRESIDENT	HECTOR M. HERRERA	3520 SW 1ST AVE	MIAMI, FL 33145	<input type="checkbox"/>	<input checked="" 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: *Fabiola Moreno-Bo* **FABIOLA MORENO-BO**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/23/01** **954-331-8343**  
 Date Daytime Phone #

CR2E034 (10/00)