

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000107132

FILED
Apr 29, 2002 8:00 AM
Secretary of State

Entity Name: EUREKA MINAS CORPORATION

Current Principal Place of Business:

16520 SOUTH POST ROAD
SUITE 201
WESTON, FL 33331

New Principal Place of Business:

Current Mailing Address:

16520 SOUTH POST ROAD
SUITE 201
WESTON, FL 33331

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORENO-BO, FABIOLA
16520 SOUTH POST ROAD
SUITE 201
WESTON, FL 33331

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: MORENO-BO, FABIOLA
Address: 16520 SOUTH POST ROAD STE 201
City-St-Zip: WESTON, FL 33331

Title: P () Delete
Name: MORENO-BO, EUGENIO
Address: 16520 SOUTH POST ROAD STE 201
City-St-Zip: WESTON, FL 33331

Title: VP () Delete
Name: HERRERA, HECTOR M
Address: 3520 SW 1ST AVENUE
City-St-Zip: MIAMI, FL 33145

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name: _____
Address: _____
City-St-Zip: _____

Title: () Change () Addition
Name: _____
Address: _____
City-St-Zip: _____

Title: () Change () Addition
Name: _____
Address: _____
City-St-Zip: _____

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FABIOLA MORENO-BO

S

04/29/2002

Electronic Signature of Signing Officer or Director

_____ Date