

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-28-2002 91638 014 ***150.00

DOCUMENT # P00000112097

1. Entity Name

EURO TRADE GROUP, INC.

Principal Place of Business

**2222 PONCE DE LEON BLVD., SUITE 302
CORAL GABLES FL 33134**

Mailing Address

**2222 PONCE DE LEON BLVD., SUITE 302
CORAL GABLES FL 33134**

2. Principal Place of Business

4615 NW - 72 AVE

3. Mailing Address

4615 NW - 72 AVE

Suite, Apt. #, etc.

107

Suite, Apt. #, etc.

107

City & State

MIAMI - FL

City & State

MIAMI - FL

4. FEI Number

65-1061749

Applied For

Not Applicable

Zip

33166

Country

USA

Zip

33166

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

MEDEI, RAUL G

**2222 PONCE DE LEON BLVD., SUITE 302
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

MEDEI, RAUL G.

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

4615 NW - 72 AVE - SUITE 107

City

MIAMI

FL

Zip Code

33166

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 **RAUL G. MEDEI PRES.**

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

(NOTE: Registered Agent signature required when reinstating)

05-09-02

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 ☐ Delete
NAME **PSD
MEDEI, RAUL G**
STREET ADDRESS **1915 BRICKELL AVE. #C-1009**
CITY-ST-ZIP **MIAMI FL 33129**

TITLE ☐ Delete
NAME **VTD
ALEMAN, YMARIS R**
STREET ADDRESS **1915 BRICKELL AVE. #C-1009**
CITY-ST-ZIP **MIAMI FL 33129**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

05-09-2002 305 640 0561

Daytime Phone #

CR2E034 (9/01)