

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90163 012 ***150.00

DOCUMENT # P01000019801

1. Entity Name
EURO AMERIKAS AUTOMATION, INC.

Principal Place of Business
4279 GREENBRIAR LANE
WESTON FL 33331

Mailing Address
4279 GREENBRIAR LANE
WESTON FL 33331

2. Principal Place of Business
4279 GREENBRIAR LANE
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
WESTON, FL
Zip **33331**
Country **U.S.A.**

City & State
WESTON, FL
Zip **33331**
Country **U.S.A.**

4. FEI Number **65-1076855**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CHANANGE, PATRICIO ESQ.
600 NORTH PINE ISLAND ROAD, SUITE 450
FORT LAUDERDALE FL 33324

7. Name and Address of New Registered Agent

Name **PATRICIO CHANANGE**
Street Address (P.O. Box Number is Not Acceptable) **4279 GREENBRIAR LANE**
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 *[Signature]*

DATE **04-24-02**

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 ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	CHANANGE, PATRICIO	
STREET ADDRESS	4446 MAHOGANY RIDGE DR.	
CITY-ST-ZIP	WESTON FL 33331	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATRICIO CHANANGE	
STREET ADDRESS	4279 GREENBRIAR LANE	
CITY-ST-ZIP	WESTON, FL 33331	
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 other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **04-24-02**

DAYTIME PHONE # **(954) 217-7397**

CR2E034 (9/01)