

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90454 026 ***150.00

DOCUMENT # P01000033108

1. Entity Name
EUROTRAC, INC.



Principal Place of Business
8919 EMERSON AVENUE
SURFSIDE FL 33154

Mailing Address
P.O. BOX 545831
SURFSIDE FL 33154

2. Principal Place of Business

485 S. Shore Dr.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Beach, FL.

City & State

4. FEI Number 65-1096636

Applied For
Not Applicable

Zip

Country

Zip

Country

33141

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

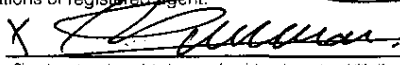
BUURMAN, MARCEL
8919 EMERSON AVENUE
SURFSIDE FL 33154

Name BUURMAN, MARCEL

Street Address (P.O. Box Number is Not Acceptable)
485 S. Shore Dr.

City Miami Beach FL Zip Code 33141

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **(MARCEL BUURMAN, P)**

(NOTE: Registered Agent signature required when reinstating)

DATE 4-15-03

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ **Delete**
NAME BUURMAN, MARCEL
STREET ADDRESS 8919 EMERSON AVENUE
CITY-ST-ZIP SURFSIDE FL 33154

TITLE P ☒ **Change** ☐ **Addition**
NAME BUURMAN, MARCEL
STREET ADDRESS 485 S. Shore Dr.
CITY-ST-ZIP Miami Beach, FL. 33141

TITLE VD ☐ **Delete**
NAME CAMPBELL, BYRAN
STREET ADDRESS 8943 FROUDE AVE.
CITY-ST-ZIP SURFSIDE FL 33154

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: B. CAMPBELL (Byrhan Campbell, VP)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-03 (305) 867-2866

Date

Daytime Phone #

CR2E034 (10/02)