

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 11, 2002 8:00 am
Secretary of State

05-21-2002 91146 033 ***150.00
07-11-2002 90243 049 ***150.00

DOCUMENT # **P01000037980**

1. Entity Name

EUT GROUP, CORP.

DO NOT WRITE IN THIS SPACE

B0128651

2. Principal Place of Business **77 WEST 20TH STREET** 3. Mailing Address **77 WEST 20TH STREET**

Suite, Apt. #, etc.

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City & State **HALEAH, FL**

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4. FEI Number **65-1096969**

Applied For
Not Applicable

Zip **33010** Country **USA**

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **ORLANDO J. MERINO**

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

4910 SW 98 AVE. ROAD

City **MIAMI**

FL

Zip Code **33065**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

07/01/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$81.25
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
NAME **PO ORLANDO J. MERINO**
STREET ADDRESS **4910 SW 98 AVE. ROAD**
CITY - ST - ZIP **MIAMI, FL 33065**

TITLE
NAME **UP MARISOL M. MERINO**
STREET ADDRESS **4910 SW 98 AVE. ROAD**
CITY - ST - ZIP **MIAMI, FL 33065**

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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 supplement 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/01/02

Date

Daytime Phone #

CR2E034B (12/01)