

Mar. 6. 2003 7:51PM

UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90169 027 ***150.00

DOCUMENT # P01000112968

1. Entity Name
EUROAMERICA LIMITED, INC.



Principal Place of Business
520 BRICKELL KEY DRIVE, SUITE C-305
MIAMI FL 33131

Mailing Address
520 BRICKELL KEY DRIVE, SUITE C-305
MIAMI FL 33131



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

02-0595668

Applied For

Not Applicable

Zip

Country

Zip

Country

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

TRANSGLOBAL CORPORATE ADMINISTRATION, INC.
520 BRICKELL KEY DRIVE, SUITE C-305
MIAMI FL 33131

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when registering)

DATE

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 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARVALHO, ANALICE 520 BRICKELL KEY DRIVE, SUITE C-305 MIAMI FL 33131	☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(c), 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 507, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Analice Carvalho Analice Carvalho

(305) 374 3800

Date 3/26/03

Daytime Phone

CR2E034 110/021