2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Apr 28, 2003 8:00 am Secretary of State P01000120832 **DOCUMENT #** 04-28-2003 91488 023 ***150.00 1. Entity Name EUREKA SERVICES, CORP Principal Place of Business Mailing Address 12895 S.W. 91 ST.COURT 12895-S.W. 91-ST.COURT MIAMI FL-33178 MIAMI-FL 33176 801 BRICKEL KEY BLUD. 3. Mailing Address ADT. Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES MIRMI City & State Hurida City & State 4. FEI Number Applied For 01-0567295 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SERANI, HUMBERTO 12895 S.W. 01 ST.COURT MIAMI FL 99176 A MI 8. The above 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 Stregie SIGNATURE nted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ** FILE NOW!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE ☐ Change Addition NAME SERANI. HUMBERTO NAME 12895 S.W. 91 ST.COURT STREET ADDRESS STREET ADDRESS **MIAMI FL 33176** CITY-ST-ZIP CITY-ST-ZIP VTD Delete TITLE ☐ Change ☐ Addition TITLE LEIGHTON, ALEXANDER Change Add BOI BRICKEL KEY BLVd. APT. 1/01 MIAMI, FLORIDA 33/31 LEIGHTON, ALEXANDER NAME NAME STREET ADDRESS 12895 S.W. 91 ST.COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33176** PSD TITLE GUERRY BANGERT Change MAddition 801 BRICKEL REY BLUE APT. 1101 TITLE ☐ Delete NAME--NAME- -STREET ADDRESS STREET ADDRESS MIAMI CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information applied 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 of 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 an address, with all other like empowered changed, or on an at

CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

Daytime Phone #