

FOR PROFIT CORPORATION**2003 UNIFORM BUSINESS REPORT (UBR)****FILED**
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90376 034 ***158.75

DOCUMENT # P02000036774

1. Entity Name

EUSA NETWORK, INC.

**DO NOT WRITE IN THIS SPACE**2. Principal Place of Business
1930 NE 118 ROAD3. Mailing Address
1930 NE 118 ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
NORTH MIAMI, FLORIDACity & State
NORTH MIAMI4. FEI Number
02-0574691Applied For
Not ApplicableZip Country
33181 MIAMI-DADEZip Country
33181 MIAMI-DADE5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
SANJUANBENITO, JAVIER

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

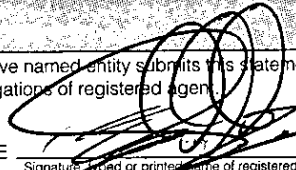
1930 NE 118 ROAD

City
NORTH MIAMI

FL

Zip Code
33181

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  04/25/2003

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State9. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
SANJUANBENITO, JAVIER
1930 NE 118 ROAD
NORTH MIAMI, FL 33181TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
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CITY-ST-ZIP**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/2003 (305) 981-7571

Date

Daytime Phone #

CR2E034B (12/02)