

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90144 038 ***150.00

0220314 AV

DOCUMENT # P02000051017

1. Entity Name
EUROTRADE INTERNATIONAL, INC.



Principal Place of Business
ONE BISCAYNE TOWER SUITE 2975
TWO SOUTH BISCAYNE BLVD.
MIAMI FL 33131

Mailing Address
ONE BISCAYNE TOWER SUITE 2975
TWO SOUTH BISCAYNE BLVD.
MIAMI FL 33131

2. Principal Place of Business

407 Lincoln Road

3. Mailing Address

16711 Collins Ave.

Suite, Apt. #, etc.

503

Suite, Apt. #, etc.

PH 5

City & State

Miami Beach

City & State

Sunny Isles FL

Zip

33139

Country

USA

Zip

33160

Country

USA

4. FEI Number

02-0598855

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MACDANIEL, JOHN M ESQ.
ONE BISCAYNE TOWER SUITE 2975
TWO SOUTH BISCAYNE BLVD.
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

Alberto Scappini

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

16711 Collins Ave. PH 5

City

Sunny Isles

FL

Zip Code

33160

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/21/03

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

TITLE **PD** ☐ Delete
NAME **Alberto Scappini**
STREET ADDRESS **16711 Collins Ave. PH 5**
CITY-ST-ZIP **Sunny Isles FL 33160**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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, removal or like empowered.

SIGNATURE: X SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-21-03 305-538-2498

Date

Daytime Phone #

CR2E034 (10/02)