

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000021262

1. Entity Name
EUROKEYS CORP.

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90045 027 ***150.00

Principal Place of Business 4768-4798 SW 75TH AVE MIAMI FL 33155 US	Mailing Address 920 CORAL WAY CORAL GABLES FL 33134 US
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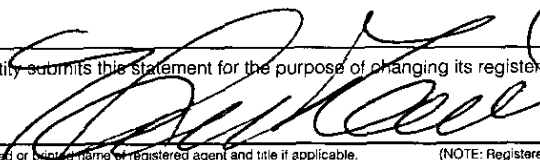
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address P.O. Box 144387
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Coral Gables FL	4. FEI Number 65-0483771	Applied For <input type="checkbox"/> Not Applicable
Zip 33114	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FLEITAS, NANCY C
~~920 CORAL WAY~~
CORAL GABLES FL 33134.

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
803 Malaga
City
Coral Gables FL Zip Code
33134

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  DATE **2/1/2000**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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		<input type="checkbox"/> Delete
TITLE	D	
NAME	FLEITAS, NANCY C	
STREET ADDRESS	920 CORAL WAY	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input checked="" type="checkbox"/>	
NAME			
STREET ADDRESS	803 Malaga		
CITY-ST-ZIP	Coral Gables FL 33134		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE **2/1/2000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #