

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90067 010 ***158.75

DOCUMENT # P94000033728

1. Entity Name
EURO IMPACT, INC.

Principal Place of Business

**12694 N.W. 11TH LANE
MIAMI FL 33182
US**

Mailing Address

**P.O. BOX 450156
MIAMI FL 33245
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**10640 NW 27 Street
Suite, Apt. #, etc.
103**

3. Mailing Address

**P.O. Box 450156
Suite, Apt. #, etc.**

**City & State
MIAMI FLORIDA**

**City & State
MIAMI, FLORIDA**

4. FEI Number 65-0489220

**Applied For
Not Applicable**

**Zip
33172**

**Country
U.S.A**

**Zip
33245**

**Country
U.S.A**

**5. Certificate of Status Desired X \$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LOPEZ, MORAYMA A
12694 NW 11 LN
MIAMI FL 33182**

7. Name and Address of New Registered Agent

**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.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**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, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

**10. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution. ☐ Added to Fees**

11. OFFICERS AND DIRECTORS

**TITLE P
NAME RODRIGUEZ, ARTURO ☐ Delete
STREET ADDRESS 1269 NW 11 LN
CITY-ST-ZIP MIAMI FL**

**TITLE DST
NAME LOPEZ, MORAYMA A ☐ Delete
STREET ADDRESS 12694 NW 11 LN
CITY-ST-ZIP MIAMI FL**

**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**

12. 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**

**TITLE ☐ Change ☐ Addition
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**TITLE ☐ Change ☐ 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: *MORAYMA LOPEZ*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**4/23/2002 305-500-9493
Date Daytime Phone #**

CR2E034 (9/01)