

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90351 037 ***150.00

DOCUMENT # P94000067252

1. Entity Name
EUROMARK CORP.



Principal Place of Business
**5555 COLLINS AVE
SUITE 15-W
MIAMI BEACH FL 33140
US**

Mailing Address
**5555 COLLINS AVE
SUITE 15-W
MIAMI BEACH FL 33140
US**



2. Principal Place of Business

1111 Sunset Dr.

3. Mailing Address

1111 Sunset Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

CORAL GABLES

City & State

CORAL GABLES

4. FEI Number **65-0523308**

Applied For

Not Applicable

Zip

33143

Country

Zip

33143

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TROJAOLA, VINCENT

**5555 COLLING AVE, STE 15W
MIAMI BEACH FL 33140**

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. 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)

01/09/03

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete
NAME **TROJAOLA, VINCENT**
STREET ADDRESS **5555 COLLINS AVE. #15W**
CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE **P** ☒ Change ☐ Addition
NAME **TROJAOLA Vincent**
STREET ADDRESS **1111 Sunset Dr**
CITY-ST-ZIP **CORAL GABLES 33143**

TITLE **VP** ☒ Delete
NAME **CABANAS, JUANITA**
STREET ADDRESS **5555 COLLINS AVE. #15W**
CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE **VP** ☒ Change ☐ Addition
NAME **CABANAS Juanita**
STREET ADDRESS **1111 Sunset Dr**
CITY-ST-ZIP **CORAL GABLES 33143**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/09/03 786 402 5399

Date

Daytime Phone #

CR2E034 (10/02)