

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000013213****1. Entity Name**
EUROTECH SERVICES, INC.**FILED**
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90128 026 ***150.00

Principal Place of Business20195 SW 316TH ST
HOMESTEAD FL 33030
US**Mailing Address**20195 SW 316TH ST
HOMESTEAD FL 33030
US

C0008325



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8045 NW 36 ST

Suite, Apt. #, etc.

595

City & State

MIAMI, FL.

3. Mailing Address

8045 NW 36 ST.

Suite, Apt. #, etc.

595

City & State

MIAMI, FL.

4. FEI Number

65-0641122

Applied For

Not Applicable

Zip

33166

Country

Zip

33166

Country

U.S.A

5. Certificate of Status Desired ☐**\$8.75 Additional**
Fee Required**6. Name and Address of Current Registered Agent**LOPEZ, EURO J
20195 SW 316TH ST
HOMESTEAD FL 33030**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, 2001 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****TITLE** PSD ☐ Delete
NAME LOPEZ, EURO J
STREET ADDRESS 20195 SW 316TH ST
CITY-ST-ZIP HOMESTEAD FL**TITLE** VTD ☐ Delete
NAME FUENTES, LAZARO R
STREET ADDRESS 20195 SW 316TH ST
CITY-ST-ZIP HOMESTEAD 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
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
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CITY-ST-ZIP**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EURO J. LOPEZ

1/10/2001

Date

305-392-7401

Daytime Phone #

CR2E034 (10/00)