

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000038352

1. Entity Name

EUROPA MANAGEMENT CORP.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90944 024 ***150.00

Principal Place of Business

6915 NW 77 AVENUE
 MIAMI FL 33166
 US

Mailing Address

~~6915 NW 77 AVENUE #306~~
 6915 NW 77TH AVENUE
 MIAMI FL 33166-2835
 US

2. Principal Place of Business

EUROPA MANAGEMENT CORP

Suite, Apt. #, etc.

3. Mailing Address

6915 N.W. 77TH AVENUE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIAMI FLORIDA

City & State

MIAMI, FLORIDA

4. FEI Number

65-0757006

Applied For

Not Applicable

Zip

33166

Country

MIAMI-DADE

Zip

33166

Country

MIAMI-DADE

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

PALOMINO, MARIA S
 6801 N.W. 77 AVENUE #306
 MIAMI FL 33166

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	M	<input type="checkbox"/> Delete
NAME	PALOMINO, STELLA	
STREET ADDRESS	1663 NE 182 STREET	
CITY-ST-ZIP	NORTH MIAMI BCH FL 33162	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 19 - 2000 305-883-5400

Date

Daytime Phone #

CR2E034 (9/99)