

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

0163825

DOCUMENT # P97000089465

1. Entity Name

EUREKA INVESTMENT HOLDINGS, INC.

05-23-2001 90216 001 13,650.00

Principal Place of Business

**343 ALMERIA AVE
 CORAL GABLES FL 33134**

Mailing Address

~~343 ALMERIA AVE~~
~~CORAL GABLES FL 33134~~

2. Principal Place of Business

840 SW 22ND Street

3. Mailing Address

the same

Suite, Apt. #, etc.

4TH Floor

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

Zip

33145

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name **Spiegel & Utrera, P.A.**

Street Address (P.O. Box Number is Not Acceptable)

1840 SW 22ND AVE.

4TH Floor

City

Miami

FL

Zip Code **33145**

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.

By: **Spiegel & Utrera, P.A.**

SIGNATURE

Signature typed or printed name of the agent and date if applicable

Natalia Utrera, Vice President

(NOTE: Registered Agent signature required when re-registering)

DATE

4/27/01

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 **D** ☐ Delete
 NAME **SANCHEZ, ELSIE**
 STREET ADDRESS **343 ALMERIA AVE**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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

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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

Elsie Sanchez

4/27/01

Date

Daytime Phone #

CR2E034 (10/00)