

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000079525

1. Entity Name

EUREKA DEVELOPMENT COMPANY NO. 5

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

05-17-2000 90871 048 ***158.75

Principal Place of Business

1350 S.W. 57TH AVENUE
SUITE 207
MIAMI FL 33255

Mailing Address

1350 S.W. 57TH AVENUE
SUITE 207
MIAMI FL 33144-5700

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0863463

Applied For

Not Applicable

Zip

Country

Zip

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

SOLER, JOSE I
1350 SW 57 AVENUE,
SUITE #207
MIAMI FL 33144

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 PD
NAME SOLER, JOSE I
STREET ADDRESS 1350 S.W. 57TH AVENUE SUITE 207
CITY-ST-ZIP MIAMI FL 33255

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VST
NAME SOLER WASSERMAN, MARIA DEL CARM
STREET ADDRESS 1350 S.W. 57TH AVENUE SUITE 207
CITY-ST-ZIP MIAMI FL 33255

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VP
NAME SOLER, ESTEBAN
STREET ADDRESS 1350 SW 57 AVE, STE #207
CITY-ST-ZIP MIAMI FL

☐ Delete

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CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

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

Date

Daytime Phone #

5-1-00 (305) 262 5931

CR2E034 (9/99)