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FILED
Jul 02, 2001 8:00 am
Secretary of State
05-22-2001 90050 048 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000098062

1. Entity Name
EURO-AMERICAN TECHNICAL CENTER FOR SECURITY TRAINING INC.

Principal Place of Business
911 E Ponce de Leon Blvd #1504 Coral Gables Fl. 33134

Mailing Address
PO Box 140333 Coral Gables, Fl. 33114

[redacted]

2. Principal Place of Business	3. Mailing Address
911 E Ponce de Leon Blvd	PO Box 140333
Suite, Apt. #, etc. 1504	Suite, Apt. #, etc.
City & State Coral Gables. Fl.	City & State Coral Gables Fl.
Zip 33134 Country USA	Zip 33114 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1114983 ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Dr Victor M. Padilla Jr
911 E Ponce de Leon Blvd #1504
Coral Gables Fl 33134

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] Dr Victor M Padilla Jr
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director / Dr Victor M. Padilla Jr / 911 E Ponce de Leon Blvd #1504 / Coral Gables, Fl. 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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] Dr Victor M Padilla Jr Director 04/27/01 305 266 0035