

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 15, 2002 8:00 am**  
**Secretary of State**

07-15-2002 90195 009 \*\*\*550.00

**DOCUMENT # P98000098062**

1. Entity Name

**EURO-AMERICAN TECHNICAL CENTER FOR SECURITY TRAINING INC.**

Principal Place of Business

Mailing Address

**911 E PONCE DE LEON BLVD  
 1504  
 CORAL GABLES FL 33114**

**P.O. BOX 14033  
 CORAL GABLES FL 33114**

2. Principal Place of Business

3. Mailing Address

**PO Box 140333**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Coral Gables, FL**

Zip

Country

Zip

Country

**33114**

**DADE**

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

7. Name and Address of New Registered Agent

**PADILLA, VICTOR M JR.  
 911E PONCE DE LEON BLVD  
 #1504  
 CORAL GABLES FL 33134**

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, 2002 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 **D** ☐ Delete  
 NAME **PADILLA, VICTOR M JR.**  
 STREET ADDRESS **911E PONCE DE LEON BLVD #1504**  
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ 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: **Victor M Padilla Jr**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**07/10/02**  
 Date

Daytime Phone #

CR2E034 (9/01)