

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **p99000020068**

1. Entity Name
EURO-MIAMI TRADING CORP.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90090 046 ***150.00

Principal Place of Business
9310 SW 137th AVENUE # 901
MIAMI, FLORIDA 33186-1406

Mailing Address
SAME

2. Principal Place of Business
9310 SW 137th AVE

3. Mailing Address
SAME

Suite, Apt. #, etc.
901

Suite, Apt. #, etc.
SAME

City & State
MIAMI - FLORIDA

City & State
SAME

4. FEI Number
65-0908 901

Applied For
☐ Not Applicable

Zip
33186

Country
DADE

Zip
SAME

Country
SAME

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

6. Name and Address of Current Registered Agent

DAVID AGUILAR
9310 SW 137th AVENUE # 901
MIAMI, FLORIDA 33186-1406

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 **X** **DAVID AGUILAR**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/12/00

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

TITLE PDTE	<input type="checkbox"/> Delete
NAME DAVID AGUILAR	
STREET ADDRESS 9310 SW 137th AVE # 901	
CITY-ST-ZIP MIAMI, FLORIDA 33186-1406	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
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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"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
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: **X** **DAVID AGUILAR**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/12/00 **(305) 383-8195**

CR2E034 (9/99)