

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000026158

1. Entity Name

EUROAMERICAN CONSULTANTS, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90140 031 ***150.00

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| Principal Place of Business 1101 BRICKELL AVENUE, SUITE 1100 MIAMI FL 33131 | Mailing Address 1101 BRICKELL AVENUE, SUITE 1100 MIAMI FL 33131-3151 |
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| 2. Principal Place of Business 10812 San Vicente Ave Suite, Apt. #, etc. | 3. Mailing Address 10812 San Vicente Ave Suite, Apt. #, etc. |
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DO NOT WRITE IN THIS SPACE

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|----------------------------------|----------------------------------|---|--|
| City & State Coral Gables, FL | City & State Coral Gables, FL | 4. FEI Number 65-0903980 | Applied For <input type="checkbox"/> Not Applicable |
| Zip 33146 | Country | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent SIDLOSCA, RANDALL L 1101 BRICKELL AVENUE, SUITE 1100 MIAMI FL 33131 | 7. Name and Address of New Registered Agent Name J. David Pena Street Address (P.O. Box Number is Not Acceptable) 10812 San Vicente Ave. City Coral Gables FL Zip Code 33146 |
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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 J. David Pena
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

| | | |
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| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/> | 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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SIDLOSCA, RANDALL L 1101 BRICKELL AVENUE, SUITE 1100 MIAMI FL 33131 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Secretary Non-shareholder/NOA Change <input checked="" type="checkbox"/> Addition Iliana B. Ramirez 429 E. SW 11 Street Miami, FL 33134 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PENA, J. DAVID 1101 BRICKELL AVENUE, SUITE 1100 MIAMI FL 33131 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: J. David Pena 4/28/00 3053720182
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)