

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91152 018 \*\*\*150.00

FORM 7 01/01

**DOCUMENT # P99000026158**

1. Entity Name  
**EUROAMERICAN CONSULTANTS, INC.**



Principal Place of Business  
**6812 SAN VICENTE AVE  
CORAL GABLES FL 33146**

Mailing Address  
**6812 SAN VICENTE AVE  
CORAL GABLES FL 33146**



2. Principal Place of Business

3. Mailing Address  
**701 Brickell Avenue**

Suite, Apt. #, etc.  
**Suite 1900**

City & State  
**Miami, Florida**

Zip  
**33131**

Country  
**USA**

CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**PENA, J. DAVID**  
**6812 SAN VICENTE AVE**  
**CORAL GABLES FL 33146**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PENA, J. DAVID</b>	
STREET ADDRESS	<b>1101 BRICKELL AVENUE, SUITE 1100</b>	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>GAMEZ, GLORIA</b>	
STREET ADDRESS	<b>252 THREE ISLANDS BLVD APT 102</b>	
CITY-ST-ZIP	<b>HALLANDALE FL 33009</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>S. GOMEZ, GLORIA</b>	
STREET ADDRESS	<b>252 Three Islands Blvd Apt 102</b>	
CITY-ST-ZIP	<b>Hallandale, FL 33009</b>	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** SIGNATURE REQUIRED **4/30/03** 305-789-2724  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/02)