2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2000 8:00 am
Secretary of State
04-12-2000 90173 021 ***150.00

DOCUMENT # P99000041162

1. Entity Name

EULOS, INC.

Principal Place of Business	Mailing Address
C/O MANUEL M. ARVESU. P.A. ~~2121 PONCE DE LEON BLVD SUITE 920~~ ~~CORAL GABLES FL 33134~~	C/O MANUEL M. ARVESU. P.A. 2121 PONCE DE LEON BLVD SUITE 920 CORAL GABLES FL 33134-5218

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
10856 NW 27 St.	201 Alhambra Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 502
City & State Miami FL 33172	City & State Coral Gables, FL
Zip / Country 33172 / USA.	Zip / Country 33134 /

4. FEI Number — 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
ARVESU, MANUEL M ESQ ~~2121 PONCE DE LEON BLVD SUITE 920~~ ~~CORAL GABLES FL 33134~~	Name: Arvesu, Manuel M. Street Address (P.O. Box Number is Not Acceptable): 201 Alhambra Circle Suite - 502 City: Coral Gables. FL Zip Code: 33134

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 _____ 4/4/00
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, 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RAMIREZ, OSCAR DE J. T ~~2121 PONCE DE LEON BLDV #920~~ ~~CORAL GABLES FL 33134~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 10856 NW 27 st. Miami, FL 33172
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DE TRESPALACIOS, GLORIA ELENA B 2121 PONCE DE LEON BLDV #920 CORAL GABLES FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 10856 NW 27 st. Miami, FL 33172
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOLIVAR, ANA MARIA T 2121 PONCE DE LEON BLDV #920 CORAL GABLES FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 10856 NW 27 st. Miami, FL 33172
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOLIVAR, JOYCE T 2121 PONCE DE LEON BLDV #920 CORAL GABLES FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 10856 NW 27 st Miami, FL 33172
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CORRALES, CARLOS MARIO U 2121 PONCE DE LEON BLDV #920 CORAL GABLES FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 10856 NW 27 st. Miami, FL 33172
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CORRALES, RICARDO U 2121 PONCE DE LEON BLDV #920 CORAL GABLES FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 10856 NW 27 st Miami FL 33172

CR2E034 (9/99)

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: _____ OSCAR De J.T. Ramirez 4/4/00 305-442-2558
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Director Date Daytime Phone #