

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000077583

1. Entity Name

Euroinsta America, Inc.

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90007 029 ***150.00

Principal Place of Business

Mailing Address

5201 Blue Lagoon Drive
8th Floor Suite 878
Miami, FL 33126

A006619Z

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0945617

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

Mark A. Romance

Name

201 S. Biscayne Blvd. 10th Floor

Street Address (P.O. Box Number is Not Acceptable)

Miami, FL 33131

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, 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	P/D	<input type="checkbox"/> Delete
NAME	Enrique Ortega Ponce	
STREET ADDRESS	5201 Blue Lagoon Dr. 8th Floor	
CITY-ST-ZIP	Miami, FL 33126	
TITLE	VP	<input type="checkbox"/> Delete
NAME	Antonio Delgado Zornoza	
STREET ADDRESS	5201 Blue Lagoon Dr. 8th Floor	
CITY-ST-ZIP	Miami, FL 33126	
TITLE	S/D	<input type="checkbox"/> Delete
NAME	Ramon Gonzalo Cubillos Garay	
STREET ADDRESS	5201 Blue Lagoon Dr. 8th Floor	
CITY-ST-ZIP	Miami, FL 33126	
TITLE	T/D	<input type="checkbox"/> Delete
NAME	Elena Navarro Benito	
STREET ADDRESS	5201 Blue Lagoon Dr. 8th Floor	
CITY-ST-ZIP	Miami, FL 33126	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/2000

Date

(305) 716 4083

Deputy Phone #

CR2E034 (9/99)