

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90031 044 ***150.00

0202317 AV

DOCUMENT # P99000077583

1. Entity Name

EUROINSTA AMERICA, INC.

Principal Place of Business

**5201 BLUE LAGOON DRIVE
 8TH FLOOR STE 878
 MIAMI FL 33126**

Mailing Address

**201 S. BISCAYNE BLVD.
 10TH FLOOR
 MIAMI FL 33131**

00040201



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0945617

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**GARCIA LINARES, MANUEL A
 201 S. BISCAYNE BOULEVARD
 MIAMI CENTER, 10TH FLOOR
 MIAMI FL 33131**

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

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, 2002 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 **PD** ☐ Delete
 NAME **DELGADO ZORNOZA, ANTONIO**
 STREET ADDRESS **CAMINO VIEJO 13A**
 CITY-ST-ZIP **POZUELO DE ALARCON MADRID 28223**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** ☐ Delete
 NAME **BLANCO MARTIN, JESUS**
 STREET ADDRESS **VIA DOS CASTILLAS 33 EDIFICIO F**
 CITY-ST-ZIP **POZUELO DE ALARCON MADRID 28224**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** ☐ Delete
 NAME **MUHOZ, EDUARDO**
 STREET ADDRESS **VIA DOS CASTILLAS 33 EDIFICIO F**
 CITY-ST-ZIP **POZUELO DE ALARCON MADRID 28224**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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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:

ANTONIO DELGADO
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

18/2/02

Date

Daytime Phone #

CR2E034 (9/01)