

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S73715

1. Entity Name

EUROEXIM LABORATORIES CORPORATION

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90133 026 ***150.00

Principal Place of Business

Mailing Address

6073 NW 167TH ST.
UNIT C-20
MIAMI FL 33015

6073 NW 167TH ST.
UNIT C-20
MIAMI FL 33015-4346

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0461559**

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

SILVERSTEIN, BARRY D
C/O SILVERSTEIN & SINGER
2999 N.E. 191ST STREET, SUITE 704
AVENTURA FL 33180

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, 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

TITLE PSDT ☐ Delete
NAME SANTA MARTA DEL RIO, ESTEBAN S
STREET ADDRESS 2999 N.E. 191ST STREET
CITY-ST-ZIP NORTH MIAMI BEACH FL 33180

TITLE VSDT ☐ Delete
NAME DEVIS, P A S
STREET ADDRESS 3500 MISTYC POINT DR 3206
CITY-ST-ZIP N MIAMI FL

TITLE D ☐ Delete
NAME SANTAMARTA, ALY E
STREET ADDRESS 174 WISTON TOW. 600/19-11
CITY-ST-ZIP N MIAMI BEACH FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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

JANUARY 25/2000

Date

Daytime Phone #

305 819 9225