

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90034 028 ***150.00

DOCUMENT # P99000041701

1. Entity Name

EUROPE DESIGN HOUSE, INC.

Principal Place of Business

Mailing Address

C/O MICHAEL WEISS & ASSOCIATES, P.A.
 1041 BRICKELL AVENUE, SUITE 300
 MIAMI FL 33131

C/O MICHAEL WEISS & ASSOCIATES, P.A.
 1041 BRICKELL AVENUE, SUITE 300
 MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

777 NW 72 Ave.
 Suite, Apt. #, etc.
UNIT 1AA28

777 NW 72 Ave.
 Suite, Apt. #, etc.
UNIT 1AA28

City & State

City & State

MIAMI FL

MIAMI FL

Zip

Country

Zip

Country

33126

Miami Dade

33126

Miami Dade



DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

65-0917931

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

WEISS, MICHAEL N ESQUIRE
MICHAEL WEISS & ASSOCIATES, P.A.
1401 BRICKELL AVENUE, #300
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, 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	Delete
	D			<input type="checkbox"/>
	MACHADO DA LUZ, MARIO	C/O 1401 BRICKELL AVENUE, SUITE 300	MIAMI FL 33131	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	PRESIDENT			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	MACHADO DA LUZ MARIO	10435 NW 46 ST	MIAMI FL 33178	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

Date

Daytime Phone #

MARIO MACHADO DA LUZ (MARIO MACHADO DA LUZ) 03/6/2000 786 3887100

CR2E034 (9/99)