

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000041701

1. Entity Name

EUROPE DESIGN HOUSE, INC.

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

03-13-2000 90034 028 ***150.00

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.
4415 1AA28

777 NW 72 Ave.
Suite, Apt. #, etc.
4415 1AA28

City & State

City & State

MIAMI FL

MIAMI FL

Zip

Country

Zip

Country

33126

MIAMI, FL

33126

MIAMI, FL

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	D MACHADO DA LUZ, MARIO C/O 1401 BRICKELL AVENUE, SUITE 300 MIAMI FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

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

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 OR LOZ) 03/6/2000 786 3887100

CR2E034 (9/99)