

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91159 026 ****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000008293

1. Entity Name
JH D'EUROPA, LLC



Principal Place of Business
C/O YDA ENTERPRISES, LLC
11077 BISCAYNE BLVD., FOURTH FLOOR
MIAMI, FL 33161

Mailing Address
C/O YDA ENTERPRISES, LLC
11077 BISCAYNE BLVD., FOURTH FLOOR
MIAMI, FL 33161

2. Principal Place of Business
18660 COLLINS AVENUE
Suite, Apt. #, etc.
104

3. Mailing Address
18660 COLLINS AVE
Suite, Apt. #, etc.
SUITE 104

City & State
SUNNY ISLES BEACH, FL.

City & State
SUNNY ISLES BEACH, FL.

Zip
33160

Country
USA

Zip
33160

Country
USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number ☒ Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

YARA DE ABREU
11077 BISCAYNE BLVD., FOURTH FLOOR
MIAMI, FL 33161

Name
JAIME HADIDA

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

18660 COLLINS AVENUE, SUITE 104

City
SUNNY ISLES BEACH

FL

Zip Code
33160

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Jaime Hadida*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

4/23/07
DATE

FILE NOW! IT FEELS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
HADIDA, JAIME
11077 BISCAYNE BLVD., FOURTH FLOOR
MIAMI, FL 33161 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
HADIDA, JAIME
18660 COLLINS AVE., #104
SUNNY ISLES BEACH, FL. 33160 ☒ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Jaime Hadida*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)