## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002931							SECRETARY OF STATE				
Entity Name  EUROPEAN HOUSE, L.C.							SECRETARY OF STATE DIVISION OF CORPORATIONS				
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Principal Plac	e of Busine	ss	Ма	iling Address			1	• • • • • • • • • • • • • • • • • • •	00		
1355 NORTHWEST 93 COURT. UNIT A-105 MIAMI FL 33172  1355 NORTHWEST 93 COURT. UNIT A-105 MIAMI FL 33172-2856							}				
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Principal Place of Business							(				
1470 NW 10+ AVE. 1470 NW 10+											
Suite, Apt. #, etc.				Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State Miami, FL			City & State Miami, FL				4. FEIN	4. FEI Number 65 - 0880 306   Applied For Not Applicable			
-Zip 33196 Country USA.			-33196- C		.Çour	USA.	5. Certificate of Status Desired				
	6Nam	e and Address of Current R	egist	ered Agent	7. Name and Address of New Registered Agent Name						
AMERII AWYER							Street Address (P.O. Box Number is Not Acceptable)				
343 ALMERIA AVENUE					Check, and see the company						
CORAL GABLES FL 33134						City			Zip Cod	le	
9. The observe	named anti	its authorite this statement for	the m	reaso of abanding its		<u></u>	od agent	or both, in the State of Florida.			
The above	named enu	ky submits this statement for	trie pt	irpose of changing its	register	ed office of register	eu agem,	or Both, in the State of Florida.			
SIGNATURE .	Signature, type	d or printed name of registered agent ar	nd title if	applicable. (NOTE	Registere	id Agent signature required	when reinstat	ing) DATE			
				  FILE NO	)!!!WC	FEE IS \$50.00			4	Ĭ	
Make Check Payable to						o Department o	f State	BLT			
9.		MANAGING MEMBE	RS/M	EMBERS	10.			ADDITIONS/CHANGES			
TITLE NAME	MGR Carneir	O, MIGUEL A	•	Delets	TITL MAR	_			Cbange	Addition	
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TITLE	MGR			[] (telete	TITL	Ē.		<del></del>	☐ Change	Addition	
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NAME STREET ADDRESS					\$TR:	EET ADDRESS					
11. I hereby o	certify that the	ne information supplied with t	his fili	ng does not qualify for	the exe	mption stated in Se	ection 119.	07(3)(i), Florida Statutes. I further cer	tify that the i	nformation	
indicatéd	Lon this repo	ort is true and accurate and t any or the receiver or trustee	hat my	v signature shall have t	the sam	e legal effect as if m	nade unde	roath; that I am a managing member	r or manage	er of the	
		Valle Mount		E Dagen	か	al Masm	ul	2/14/2000 34	35-718	4677	
SIGNAT	URE:	SIGNATURE AND TYPED OR PRINT	red NA	ME OF SIGNING MANAGING	MEMBER (	SIV VV			aytıme Phone #	<del></del>	