

# 2000 UNIFORM BUSINESS REPORT (UBR)

0004111 1

DOCUMENT # L98000002931

1. Entity Name  
EUROPEAN HOUSE, L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR 16 PM 2:30

Principal Place of Business  
1355 NORTHWEST 93 COURT, UNIT A-105  
MIAMI FL 33172

Mailing Address  
1355 NORTHWEST 93 COURT, UNIT A-105  
MIAMI FL 33172-2856



2. Principal Place of Business  
1470 NW 107 Ave.

3. Mailing Address  
1470 NW 107 Ave.

Suite, Apt. #, etc.  
Suite X

Suite, Apt. #, etc.  
Suite X

City & State  
Miami, FL

City & State  
Miami, FL

4. FEI Number  
65-0880306

Applied For  
Not Applicable

Zip 33196 Country USA

Zip 33196 Country USA

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

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

## 7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

BLT

## 9. MANAGING MEMBERS/MEMBERS

TITLE MGR  
NAME CARNEIRO, MIGUEL A  
STREET ADDRESS 1355 NORTHWEST 93 COURT, UNIT A-105  
CITY-ST-ZIP MIAMI FL 33172 ☐ Delete

TITLE MGR  
NAME VILLASMI, ROBERTO  
STREET ADDRESS 1355 NORTHWEST 93 COURT, UNIT A-105  
CITY-ST-ZIP MIAMI FL 33172 ☐ Delete

TITLE MGR  
NAME DIAS, DOUGLAS  
STREET ADDRESS 1355 NORTHWEST 93 COURT, UNIT A-105  
CITY-ST-ZIP MIAMI FL 33172 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 10. ADDITIONS/CHANGES

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

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

ROBERTO VILLASMI 2/14/2000 305-7184677