

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002931

1. Entity Name  
EUROPEAN HOUSE, L.C.

FILED

01 JAN 29 AM 10:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
1470 NW 107 AVE., SUITE X  
MIAMI FL 33196

Mailing Address  
1470 NW 107 AVE., SUITE X  
MIAMI FL 33196

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0880306

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

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

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

TITLE NAME Mgr. Carneiro, Miguel A. ☒ Change ☐ Addition  
STREET ADDRESS 1470-X N.W. 107 Ave.  
CITY-ST-ZIP Miami, FL 331

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

TITLE NAME Mgr. Villasmil, Roberto ☒ Change ☐ Addition  
STREET ADDRESS 1470-X N.W. 107 Ave.  
CITY-ST-ZIP Miami, FL 33172

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

TITLE NAME Mgr. Dias, Douglas ☒ Change ☐ Addition  
STREET ADDRESS 1470-X N.W. 107 Ave.  
CITY-ST-ZIP Miami, FL 33172

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 500003631985--8  
CITY-ST-ZIP -02/05/01--01009--004  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)