

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90350 005 \*\*\*158.75

DOCUMENT # 001000078430

1. Entity Name

EUROPEAN ARTS HOME SERVICES INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1250 EAST HALLANDALE B. BLVD

3. Mailing Address

Suite, Apt. #, etc.  
1004

Suite, Apt. #, etc.

City & State  
HALLANDALE

City & State

Zip  
33009

Country

Zip

Country

4. FEI Number

65-1128839

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name GABRIEL LARA GORI

Street Address (P.O. Box Number is Not Acceptable) Apt #41  
1424 SE 15th St.

City Fort Lauderdale

FL

Zip Code 33316

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 fee 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)

January 1 - May 1 Fee is \$160.00  
After May 1 Fee is \$550.00  
Amended UBR is \$61.25  
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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PRESIDENT  
GABRIEL LARA  
1424 SE 15th St Apt 41  
FORT LAUDERDALE FL 33316

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GABRIEL LARA

April 26/02

954-465-3657

Date

Daytime Phone #

CR2E034B (12/01)