

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000005235

1. Entity Name

BIG CAT HUMAN POWERED VEHICLES, LLC

FILED

01 JAN 16 AM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

SUITE 107
826 NORTH JOHN STREET
ORLANDO FL 32808

SUITE 107
826 NORTH JOHN STREET
ORLANDO FL 32808

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

59-3648875

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

CAMASMIE, PAULO
SUITE 107
826 NORTH JOHN STREET
ORLANDO FL 32808

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
STREET ADDRESS
CITY-ST-ZIP
MGRM
HORIZON FOOD INTERNATIONAL
AV. PAULISTA, 1559 CJ. 1304
SAO PAULO, SP 01311-200

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AV. PAULISTA, 1559 CJ. 1304

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
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☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/16/2001

(407) 293-1626

CR2E083 (11/00)