

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2002 8:00 am**  
**Secretary of State**

03-26-2002 90098 028 \*\*\*\*50.00

**DOCUMENT # L00000005235**

1. Entity Name

**BIG CAT HUMAN POWERED VEHICLES, LLC**

Principal Place of Business

SUITE 107  
 826 NORTH JOHN STREET  
 ORLANDO FL 32808

Mailing Address

SUITE 107  
 826 NORTH JOHN STREET  
 ORLANDO FL 32808

2. Principal Place of Business

**580 WILMER AVE**

Suite, Apt. #, etc.

**UNIT F**

3. Mailing Address

**580 WILMER AVE**

Suite, Apt. #, etc.

**UNIT F**

City & State

**ORLANDO, FL**

City & State

**ORLANDO, FL**

Zip

**32808**

Country

**USA**

Zip

**32808**

Country

**USA**

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

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

7. Name and Address of New Registered Agent

Name **CAMASMIE, PAULO**

Street Address (P.O. Box Number is Not Acceptable)

**580 WILMER AVE #F**

City

**ORLANDO**

FL

Zip Code

**32808**

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

**3/12/2002**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete  
 NAME **HORIZON FOOD INTERNATIONAL**  
 STREET ADDRESS **AV. PAULISTA, 1159 CJ. 1304**  
 CITY-ST-ZIP **SAO PAULO, SP 01311-200**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition  
 NAME **PAULO CAMASMIE**  
 STREET ADDRESS **580 WILMER AVE #F**  
 CITY-ST-ZIP **ORLANDO, FL 32808**

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

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
 NAME  
 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 #

**3/12/2002 (407)293-1626**

CR2E083 (9/01)