

2000 UNIFORM BUSINESS REPORT (UBR)

0000702 AF

DOCUMENT # L99000002171

1. Entity Name
DECOR & SPACE CONCEPT, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -7 PM 2:08

Principal Place of Business
214 SOUTH PARK AVENUE
WINTER PARK FL 32789

Mailing Address
214 SOUTH PARK AVENUE
WINTER PARK FL 32789-4316



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KOLTUN, JEFFREY M
1061 MAITLAND CENTER COMMONS, STE. 106
MAITLAND FL 32751

Name
KOLTUN, JEFFREY M.
Street Address (P.O. Box Number is Not Acceptable)
557 North Wymore Road, Suite 100
City
Maitland FL Zip Code
32751

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/2/00

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

9. MANAGING MEMBERS / MEMBERS
TITLE NAME MGR
STREET ADDRESS EXCHANGE COMERCIO IMPORTACAO & EXPORT.,LTA
CITY-ST-ZIP 214 SOUTH PARK AVENUE
WINTER PARK FL 32789

10. ADDITIONS / CHANGES
TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
300003131199-8
-02/10/00-01074-013
*****50.00 *****50.00

TITLE NAME MGR
STREET ADDRESS DOS SANTOS, EDIMILSON M.
CITY-ST-ZIP 214 SOUTH PARK AVENUE
WINTER PARK FL 32789

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME MGR
STREET ADDRESS AMBAR, JESSICA
CITY-ST-ZIP 214 SOUTH PARK AVENUE
WINTER PARK FL 32789

TITLE NAME
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CITY-ST-ZIP

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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 OR MANAGER

Date

Daytime Phone #

SIGNATURE REQUIRED BERNARD MIZRAHI 02/04/00 (407) 6221144

CR2E083 (9/99)