

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002171

1. Entity Name

DECOR & SPACE CONCEPT, L.L.C.

FILED

01 APR 25 AM 7:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

214 SOUTH PARK AVENUE
WINTER PARK FL 32789

Mailing Address

214 SOUTH PARK AVENUE
WINTER PARK FL 32789



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

112 PARK AVENUE NORTH 112 PARK AVENUE NORTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WINTER PARK, FL

City & State

WINTER PARK, FL

Zip

32789

Country

USA

Zip

32789

Country

USA

4. FEI Number

59-3569807

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

KOLTUN, JEFFREY M

557 NORTH WYMORE ROAD, SUITE 100

MAITLAND FL 32751

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
MGR
EXCHANGE COMERCIO IMPORTACAO & EXPORT.,LTA
214 SOUTH PARK AVENUE
WINTER PARK FL 32789

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
EXCHANGE COMERCIO IMPORT & EXPORT, LTA.
112 PARK AVENUE NORTH
WINTER PARK, FL 32789

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
MARASCA DOS SANTOS, EDIMILSON
112 PARK AVENUE NORTH
WINTER PARK, FL 32789

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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: BERNARD MICHAEL

01/17/01 (407) 622 11 44

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

Date

Daytime Phone #

CR2E083 (11/00)