

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91188 021 ****50.00

DOCUMENT # L99000002171

1. Entity Name

DECOR & SPACE CONCEPT, L.L.C.

Principal Place of Business

**112 PARK AVENUE NORTH
WINTER PARK FL 32789**

Mailing Address

**112 PARK AVENUE NORTH
WINTER PARK FL 32789**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

**KOLTUN, JEFFREY M
557 NORTH WYMORE ROAD, SUITE 100
MAITLAND FL 32751**

7. Name and Address of New Registered Agent

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
Due By May 1, 2002**

Handwritten:
\$ 2078
on 04/30/02

9. MANAGING MEMBERS/MANAGERS

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
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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:

Handwritten Signature: **CHRISTINE BASTO**

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

Date

Daytime Phone #

Handwritten: **04/30/02 (407) 622-1174**

0002758

CR2E083 (9/01)