

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000002945

1. Entity Name
BRAVO ENTERPRISES U.S.A., LLC

FILED

01 MAY -1 PM 5:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
200 E. ROBINSON STREET, SUITE 500
ORLANDO FL 32801

Mailing Address
200 E. ROBINSON STREET, SUITE 500
ORLANDO FL 32801



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3635091

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BASRA, SURINDER S
200 E. ROBINSON STREET, SUITE 500
ORLANDO FL 32801

Name
FLORIDA CORPORATE SUPPORT, INC.
Street Address (P.O. Box Number is Not Acceptable)
200 E. ROBINSON STREET, Suite 500
City ORLANDO FL Zip Code 32801

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 *Florida Corporate Support, Inc.*
By: [Signature] Sec
Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating)

2/20/01
DATE

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

600004287776--5
-05/22/01--01093--020
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BASRA, SURINDER S 200 E. ROBINSON STREET, SUITE 500 ORLANDO FL 32801	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 #

CR2E083 (11/00)