

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90015 045 ****50.00

DOCUMENT # L00000002945

1. Entity Name

BRAVO ENTERPRISES U.S.A., LLC

Principal Place of Business

**200 E. ROBINSON STREET, SUITE 500
 ORLANDO FL 32801**

Mailing Address

**200 E. ROBINSON STREET, SUITE 500
 ORLANDO FL 32801**

2. Principal Place of Business

5635 Windhover Dr.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Suite, Apt. #, etc.

Zip

32819

Country

Zip

Country

4. FEI Number

59-3635091

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**FLORIDA CORPORATE SUPPORT, INC.
 200 E. ROBINSON STREET, SUITE 500
 ORLANDO FL 32801**

7. Name and Address of New Registered Agent

Name **HENDRY, STONER, DELANCETT & BROWN, P.A.**

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**

9. MANAGING MEMBERS/MANAGERS

TITLE **3** **MGR** ☐ Delete
 NAME **BASRA, SURINDER S**
 STREET ADDRESS **200 E. ROBINSON STREET, SUITE 500**
 CITY-ST-ZIP **ORLANDO FL 32801**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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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 **5635 Windhover Dr.**
 CITY-ST-ZIP **Orlando, FL 32819**

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
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TITLE ☐ Change ☐ Addition
 NAME
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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 REQUIRED

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

Date

Daytime Phone #

CR2E083 (9/01)