

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000004452
 1. Entity Name
BRITTO CENTRAL SAO PAOLO, L.L.C.

FILED
 01 APR 27 AM 12:17
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business
 701 BRICKELL AVENUE
 STE. 3000
 MIAMI, FLORIDA 33131

Mailing Address
 701 BRICKELL AVENUE
 STE. 3000
 MIAMI, FLORIDA 33131

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

4. FEI Number
 65-1076745

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
INTRASTATE REGISTERED AGENT CORPORATION
 701 BRICKELL AVENUE, STE. 3000
 MIAMI, FLORIDA 33131

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	M BRITTO, ROBERTA C/O BRITTO CENTRAL SAO PAOLO I.L.C. 701 BRICKELL AVENUE, STE. 3000 MIAMI, FLORIDA 33131 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MMGR BRITTO, ROMERO C/O BRITTO CENTRAL SAO PAOLO I.L.C. 701 BRICKELL AVENUE, STE. 3000 MIAMI, FLORIDA 33131 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 *****50.00 *****50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: * *Robert Britto* 4/17/01 305.531.8821
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #