

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

L00000004452

1. Entity Name

BRITTO CENTRAL SAO PAULO, L.L.C.

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1076745

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

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE, STE. 3000
MIAMI, FLORIDA 33131

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 M ☐ Delete
NAME BRITTO, ROBERTA
STREET ADDRESS C/O BRITTO CENTRAL SAO PAULO I
CITY-ST-ZIP 701 BRICKELL AVENUE, STE. 3000
MIAMI, FLORIDA 33131

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

TITLE MMGR ☐ Delete
NAME BRITTO, ROMERO
STREET ADDRESS C/O BRITTO CENTRAL SAO PAULO I
CITY-ST-ZIP 701 BRICKELL AVENUE, STE. 3000
MIAMI, FLORIDA 33131

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

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

Date

Daytime Phone #

4/17/01 305.531.8821