

# 2001 **FORM BUSINESS REPORT (UBR)**

DOCUMENT #

L00000007058

1. Entity Name

ASSUMERE USA, LLC.

FILED

01 MAY 30 PM 4:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

4787 US Highway 192  
Kissimmee, FL 34746

4787 US Highway 192  
Kissimmee, FL 34746

2. Principal Place of Business

7802 Kingspointe Pkwy

Suite, Apt. #, etc.

Suite 103

City & State

Orlando, Florida

Zip

32819

Country

USA

3. Mailing Address

7802 Kingspointe Pkwy

Suite, Apt. #, etc.

Suite 103

City & State

Orlando, Florida

Zip

32819

Country

USA

4. FEI Number

59-3673952

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**BMJH**

6. Name and Address of Current Registered Agent

C. Yanki Sokmensuer, Esquire  
255 South Orange Avenue  
Orlando, FL 32802-0213

7. Name and Address of New Registered Agent

Name

C. Yanki Sokmensuer, Esq.

Street Address (P.O. Box Number is Not Acceptable)

Smith, Mackinnon, Greeley, etc.

255 South Orange Avenue, Suite 800

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

C. Yanki Sokmensuer

May 16, 2001

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Fernando E. Sabo 5550 Brookline Dr Orlando, FL 32819	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Miriam E. Sabo 413 Rua Doutor Oscar/Monteiro de Barros Apt 81/ Sao Paulo, Brazil	<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

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Fernando E. Sabo 5550 Brookline Dr Orlando, FL 32819	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Miriam E. Sabo 5550 Brookline Dr Orlando, FL 32819	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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:

Fernando E. Sabo

05/24/2001

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

Date

Daytime Phone #

CR2E083 (11/00)