

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 22, 2002 8:00 am**  
**Secretary of State**

01-22-2002 90098 038 \*\*\*\*50.00

**DOCUMENT # L00000012281**

**1. Entity Name**  
**FSB USA, LLC**

**Principal Place of Business**  
**7512 D. PHILLIPS BLVD., SUITE 50, PMB-343**  
**ORLANDO FL 32819**

**Mailing Address**  
**7512 D. PHILLIPS BLVD., SUITE 50, PMB-343**  
**ORLANDO FL 32819**

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

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

**City & State**  
City & State

**Zip** **Country** **Zip** **Country**

**4. FEI Number** **59-3683119** **Applied For**  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**FERRI, ENRICO**  
**7512 D. PHILLIPS BLVD., SUITE 50, PMB-343**  
**ORLANDO FL 32819**

**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** \_\_\_\_\_  
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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	FERRI, ENRICO D	8557 CLEMETIS LN	ORLANDO FL 32819	<input type="checkbox"/>
T	FERRI, ASSUNTINA	8557 CLEMETIS LN	ORLANDO FL 32819	<input type="checkbox"/>
V	SANCHEZ, PALOMA	TALAVERA TOLEDO	SPAIN	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**10. ADDITIONS/CHANGES**

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

**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:** *Enrico Ferri* **SIGNATURE REQUIRED** *Ferr* **Jan 10 2002** **407-351-7017**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)