

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2002 8:00 am
Secretary of State

07-28-2002 90171 001 ****50.00

DOCUMENT # L01000015689

1. Entity Name
BREAD OF EUROPE, LLC

| | |
|---|---|
| Principal Place of Business 1708 GOLDENROD AVE #102 ORLANDO FL 32807 | Mailing Address 1708 GOLDENROD AVE #102 ORLANDO FL 32807 |
|---|---|

071412



DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 2. Principal Place of Business <i>1708 Goldenrod Ave</i> | 3. Mailing Address <i>13608 Crystal River Dr.</i> |
|---|--|

| | |
|-------------------------------------|---------------------|
| Suite, Apt. #, etc. <i># 102</i> | Suite, Apt. #, etc. |
|-------------------------------------|---------------------|

| | |
|------------------------------------|------------------------------------|
| City & State <i>Orlando, FL</i> | City & State <i>Orlando, FL</i> |
|------------------------------------|------------------------------------|

| | | | |
|---------------------|-----------------------|---------------------|-----------------------|
| Zip <i>32807</i> | Country <i>USA</i> | Zip <i>32828</i> | Country <i>USA</i> |
|---------------------|-----------------------|---------------------|-----------------------|

| | |
|------------------------------------|--|
| 4. FEI Number <i>59-3711078</i> | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

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

6. Name and Address of Current Registered Agent

~~SHEVCHENKO, SERGEY~~
 2942 MOORCROFT CT
 ORLANDO, FL 32817

7. Name and Address of New Registered Agent

Name *Irina Lutsky*
 Street Address (P.O. Box Number is Not Acceptable)
13608 Crystal River Dr.
 City *Orlando* FL Zip Code *32828*

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* - *Irina Lutsky* DATE *7/24/02*
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
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Delete |
|-------------------------|--------------------------|---------------------------|--------------------------|-------------------------------------|
| <i>Registered Agent</i> | <i>Sergey Shevchenko</i> | <i>2942 Moorcroft Ct.</i> | <i>Orlando, FL 32817</i> | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

10. ADDITIONS/CHANGES

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Change | Addition |
|---------------------------------|---------------------|--------------------------------|--------------------------|--------------------------|-------------------------------------|
| <i>Registered agent/manager</i> | <i>Irina Lutsky</i> | <i>13608 Crystal River Dr.</i> | <i>Orlando, FL 32828</i> | <input type="checkbox"/> | <input checked="" 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"/> | <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: *[Signature]* **SIGNATURE REQUIRED** *Irina Lutsky* DATE *7/24/02* (321) 217-5202
Signature and typed or printed name of signing managing member, manager, or authorized representative. Daytime Phone #

CR2E083 (4/02)