

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 Mailing Address
1708 GOLDENROD AVE #102 ORLANDO FL 32807 **1708 GOLDENROD AVE #102 ORLANDO FL 32807**

2. Principal Place of Business **1708 Goldenrod Ave**
 Suite, Apt. #, etc. **# 102**
 3. Mailing Address **13608 Crystal River Dr.**
 Suite, Apt. #, etc.

City & State **Orlando, FL** City & State **Orlando, FL**
 Zip **32807** Country **USA** Zip **32828** Country **USA**

4. FEI Number **59-3711078** Applied For
 Not Applicable

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

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

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** **7/24/02**
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 September 25, 2002

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

10. ADDITIONS/CHANGES	
TITLE Registered agent/manager <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME Irina Lutsky	
STREET ADDRESS 13608 Crystal River Dr.	
CITY-ST-ZIP Orlando, FL 32828	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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]* **SIGNATURE REQUIRED** **Irina Lutsky** **7/24/02 (321) 217-5202**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (4/02)