

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 29, 2002 8:00 am**  
**Secretary of State**

07-29-2002 90002 001 \*\*\*\*50.00

**DOCUMENT # L01000017065**

1. Entity Name  
**TOP CART USA, LLC**

Principal Place of Business

**10 NW LEJEUNE ROAD  
 SUITE 600  
 MIAMI FL 33126**

Mailing Address

**10 NW LEJEUNE ROAD  
 SUITE 600  
 MIAMI FL 33126**

**971500**

2. Principal Place of Business

**NORTH  
 TERMINAL LANDSIDE LANE  
 1 ORLANDO INT'L AIRPORT**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

**9207-D AIRPORT BLVD.**

Suite, Apt. #, etc.

City & State

**ORLANDO FLORIDA**

City & State

Zip

**32827-4399**

Country

**USA**

Zip

Country

4. FEI Number

**65-1145615**

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

**HILLMAN-WALLER, LOUIS MANUEL  
 10 NW LEJEUNE ROAD  
 SUITE 600  
 MIAMI FL 33126**

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**7/12/02**

**FILE NOW!!! FEE IS \$50.00  
 Make Check Payable to Department of State  
 Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MANAGING MEMBER  
 ACU INVESTMENTS LTD, CYPRUS  
 DIMOSTHENOUS &  
 NICOSIA, CYPRUS**

☐ Delete

☐ Change

☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MEMBER  
 LDH INVESTMENTS, INC.  
 1424 CADIZ AVE.  
 CORAL GABLES FL 33134**

☐ Delete

☐ Change

☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 STREET ADDRESS  
 CITY-ST-ZIP

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☐ 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:

**SIGNATURE REQUIRED**

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

Date

Daytime Phone #

CR2E083 (4/02)