

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000017067

1. Entity Name

TOP CART ORLANDO, LLC

FILED
Jul 25, 2002 8:00 am
Secretary of State

07-25-2002 90128 020 ****50.00

Principal Place of Business

Mailing Address

10 NW LEJEUNE ROAD
SUITE 600
MIAMI FL 33126

10 NW LEJEUNE ROAD
SUITE 600
MIAMI FL 33126

971881

2. Principal Place of Business

NORTH TERMINAL LANDSIDE

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Level-1 Orlando Int'l. Airport

City & State

City & State

ORLANDO FLORIDA

Zip

Country

Zip

Country

32827-4399

USA

4. FEI Number

65-1145625

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
ACV / JOHANN FRANK
A-1300 VIENNA AIRPORT WORLD
TRADE CENTER
VIENNA, AUSTRIA

☐ 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
MEMBER
ACV INVESTMENTS, LTD. CYPRUS
DINOSTHENOUS 4 NILDIA
CYPRUS

☐ Delete

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ 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

7/12/02 (407) 825-3230

Date

Daytime Phone #

CR2E083 (4/02)