2002 UNIFORM BUSINESS REPORT (UBR)

9/9/

FILED
Sep 23, 2002 8:00 am
Secretary of State
09-09-2002 90005 015 ****50.00

DOCUMENT # L98000002766

1. Entity Name
ROBERTO CARNEIRO, L.C.

Principal Place of Business	Mailing Address
2333 S. GOLDENROD ROAD ORLANDO FL 32822	2333 S. GOLDENROD ROAD ORLANDO FL 32822

42910

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6742 EDGEWORTH DR.	SAME ADDRESS
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO, FLORIDA	City & State
Zip: 32819 / Country: ORANGE	Zip / Country

4. FEI Number 59-3545066 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~DEOLIVEIRA, SERGIO A~~
~~2524 NORFOLK ROAD~~
~~ORLANDO FL 32803~~

☒ DELETE

7. Name and Address of New Registered Agent

Name: ROBERTO ARAUJO CARNEIRO
Street Address (P.O. Box Number Is Not Acceptable): 6742, EDGEWORTH DR.
City: ORLANDO FL Zip Code 32819

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] 09/06/02 ×
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		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR DEOLIVEIRA, SERGIO A 2333 S. GOLDENROD ROAD ORLANDO FL 32822 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR/PRES. ROBERTO ARAUJO CARNEIRO FILHO 6742, EDGEWORTH DR. ORLANDO, FLORIDA 32819 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ROBERTO ARAUJO CARNEIRO 6742, EDGEWORTH DR. ORLANDO, FL 32819 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (4/02)

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 09 × 17 × 02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #
407-370-3532