

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -9 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0.088 0 AF

DOCUMENT # L99000001564

1. Entity Name
FEBAL U.S.A., LLC

Principal Place of Business
1054 KANE CONCOURSE
BAY HARBOR ISLANDS FL 33154

Mailing Address
1054 KANE CONCOURSE
BAY HARBOR ISLANDS FL 33154-2107



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0903936

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SAWH, SALLY N
1054 KANE CONCOURSE
BAY HARBOR ISLANDS FL 33154

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.

SIGNATURE

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

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME MGRM
STREET ADDRESS UTP HOLDINGS LTD.
CITY-ST-ZIP 1054 KANE CONCOURSE
BAY HARBOR ISLANDS FL 33154 ☒ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
400003279114--3
-06/07/00--01005--001
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE NAME MGRM
STREET ADDRESS WINGATE, RICK
CITY-ST-ZIP 1054 KANE CONCOURSE
BAY HARBOR ISLANDS FL 33154 ☒ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME MGR
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME MGRM
STREET ADDRESS Paolo Della Casa
CITY-ST-ZIP 1054 Kane Concourse
Bay Harbor Islds, FL. 33154 ☐ 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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

4-28-00 305-865-1224

CR2E083 (9/99)