

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 05, 2001 8:00 am
Secretary of State

04-16-2001 90482 029 ****61.25

DOCUMENT # N98000006221

1. Entity Name

Santos F.C. USA, Inc ✓

Principal Place of Business

5151 SAIL WIND CIR
ORLANDO, FL 32810

Mailing Address

PO Box 520301
LONGWOOD, FL 32752-0301

2. Principal Place of Business

5151 SAIL WIND CIRCLE
Suite, Apt. #, etc.

3. Mailing Address

5151 SAIL WIND CIR
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ORLANDO FLORIDA

Zip
32810

Country
USA

City & State

ORLANDO, FLORIDA

Zip
32810

Country
USA

4. FEI Number

59-3544024

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name **JOHN P. CARVALHO**

Street Address (P.O. Box Number is Not Acceptable)

5151 SAIL WIND CIRCLE

City **ORLANDO**

FL

Zip Code **32810**

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to:
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete

PRESIDENT, D
JOHN P. CARVALHO
5151 SAIL WIND CIR
ORLANDO, FL 32810

TITLE NAME ☐ Delete

VICE PRESIDENT, D
ENNIO MELILLI
7909 CANYON LAKE CIR
ORLANDO, FL 32835

TITLE NAME ☐ Delete

SECRETARY, D
ANA ALVES
1008 HIGH POINT LOOP
LONGWOOD, FL 32750

TITLE NAME ☒ Delete

KEITH KREIDL, D
2226 BALLAD AVE
ORLANDO, FL 32833

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JOHN P. CARVALHO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-01

Date

(407) 299-9925

Daytime Phone #

CR2E037 (11/00)