



Authorization for Credit Card Transactions

Department of Homeland Security

Form G-1450

How To Fill Out Form G-1450

1. Type or print legibly in black ink.
2. Complete the "Applicant's/Petitioner's/Requester's Information," "Credit Card Billing Information," and "Credit Card Information" sections and sign the authorization. **NOTE:** The credit card must be issued by a U.S. bank.
3. Place your Form G-1450 ON TOP of your application, petition, or request package.

NOTE: Failure to provide the requested information may result in DHS and your financial institution not accepting the payment. DHS cannot process credit card payments without an authorized signature.

NOTE: Please see the USCIS Form G-1450 website for additional information.

We recommend that you print or save a copy of your completed Form G-1450 to review in the future and for your records.

By completing this transaction, you agree that you have paid for a government service and that the filing fee, biometric services fee and all related financial transactions are final and not refundable, regardless of any action DHS takes on an application, petition, or request. You must submit all fees in the exact amounts. DHS will charge your credit card up to the amount you authorize below.

Please refer to the form(s) you are filing for additional information, or you may call the USCIS Customer Contact number at **1-800-375-5283**. For TTY (deaf or hard of hearing) call: **1-800-767-1833**.

Applicant's/Petitioner's/Requester's Information (Full Legal Name)

Given Name (First Name) Alexandre	Middle Name (if any) N/A	Family Name (Last Name) ROITMAN
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Credit Card Billing Information (Credit Card Holder's Name as it Appears on the Card)

Given Name (First Name)	Middle Name (if any)	Family Name (Last Name)
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Credit Card Holder's Billing Address:

Street Number and Name	Apt. Ste. Flr. ☐ ☐ ☐	Number
City or Town	State	ZIP Code

Credit Card Holder's Signature and Contact Information:

Credit Card Holder's Signature	
Credit Card Holder's Daytime Telephone Number	Credit Card Holder's Email Address

Credit Card Information

Credit Card Number	Credit Card Type: ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover	Authorized Payment Amount \$ 675.00
Credit Card Expiration Date CVV Code (mm/yyyy)		



USCIS
Attn: I-130
P.O. Box 21700
Phoenix, AZ 85036-1700

RE: Form I-130, Petition for Alien Relative
Petitioner: Alexandre Roitman (A-087216113)
Beneficiary: Adenir Fante Roitman (mother).

Dear Sir or Madam,

Please find enclosed Form I-130 Petition for Alien Relative and all requisite documentation, filed by counsel on behalf of **Adenir Fante Roitman**.

- **Form G-1450, Authorization for Credit Card Transactions**
- **Alexandre Roitman's Signed Forms:**
 - Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative;
 - Form I-130, Petition for Alien Relative;
- **Adenir Fante Roitman's Signed Form:**
 - Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative;

I. Evidence of Petitioner Alexandre Roitman's U.S. Citizenship

- Alexandre Roitman's U.S. Passport;
- Alexandre Roitman's Certificate of Naturalization;

II. Evidence of the Parent-Child Relationship Between Petitioner Alexandre Roitman and Beneficiary Adenir Fante Roitman

- Alexandre Roitman's Birth Certificate with English Translation;

III. Beneficiary Adenir Fante Roitman's Identity Documents

- Adenir Fante Roitman's Valid Brazilian Passport;
- Adenir Fante Roitman's Expired Passport and Previous U.S. Visa;
- Adenir Fante Roitman's Birth Certificate with English Translation;

IV. Beneficiary Adenir Fante Roitman's Civil Status and Name History Documents

- Marriage Certificate (Paulo Bourges), Including Death Annotation, with English Translation;
- Marriage Certificate (Paulo Bourges) with English Translation;
- Marriage Certificate (Valter Roitman), Including Judicial Separation Annotation, with English Translation;

V. Evidence of Current Residence of Petitioner and Beneficiary

- Alexandre Roitman's Proof of Current U.S. Residence;

- Adenir Fante Roitman's Proof of Current Residence in Curitiba, Brazil, with English Translation;

VI. Petitioner Alexandre Roitman's Marital History Documents

- Alexandre Roitman's Marriage Certificate;
- Alexandre Roitman's Divorce Certificate;

VII. Additional Family Relationship Evidence

- Priscilla Roitman's Birth Certificate (Beneficiary's Daughter and Petitioner's Sister) with English Translation;
- Thiago Roitman's Birth Certificate (Beneficiary's Son and Petitioner's Brother) with English Translation;
- Chloe Kai'ulani Roitman's Birth Certificate (Petitioner's Daughter);
- Kai Jack Roitman's Birth Certificate (Petitioner's Son);

Thank you for your time and consideration in this matter. Should you have any questions or concerns feel free to contact me using the information listed below.

Sincerely,



Date: 08/11/2026

Otavio Haverroth Silva (Bar n. 343486)

Attorney at Law

+1 510 241 9336



**Notice of Entry of Appearance
as Attorney or Accredited Representative**
Department of Homeland Security

DHS
Form G-28
OMB No. 1615-0105
Expires 05/31/2021

Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)

▶ 0 0 7 4 9 2 6 2 5 4 3 8

Name of Attorney or Accredited Representative

2.a. Family Name (Last Name) **HAVERROTH SILVA**
2.b. Given Name (First Name) **Otavio**
2.c. Middle Name **N/A**

Address of Attorney or Accredited Representative

3.a. Street Number and Name **PO Box 90487**
3.b. ☐ Apt. ☐ Ste. ☐ Flr. **N/A**
3.c. City or Town **San Diego**
3.d. State **CA** 3.e. ZIP Code **92169**
3.f. Province **N/A**
3.g. Postal Code **N/A**
3.h. Country **USA**

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number **5102419336**
5. Mobile Telephone Number (if any) **5102419336**
6. Email Address (if any) **otavio@legalhs.com**
7. Fax Number (if any) **N/A**

Part 2. Eligibility Information for Attorney or Accredited Representative

Select **all** applicable items.

1.a. ☒ I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states, possessions, territories, commonwealths, or the District of Columbia. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

Licensing Authority

California

1.b. Bar Number (if applicable)

343486

1.c. I (select **only one** box) ☒ am not ☐ am subject to any order suspending, enjoining, restraining, disbaring, or otherwise restricting me in the practice of law. If you are subject to any orders, use the space provided in **Part 6. Additional Information** to provide an explanation.

1.d. Name of Law Firm or Organization (if applicable)

HS Law Corp

2.a. ☐ I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States and recognized by the Department of Justice in accordance with 8 CFR part 1292.

2.b. Name of Recognized Organization

N/A

2.c. Date of Accreditation (mm/dd/yyyy)

N/A

3. ☐ I am associated with

N/A

, the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative for a limited purpose is at his or her request.

4.a. ☐ I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2).

4.b. Name of Law Student or Law Graduate

N/A



Part 3. Notice of Appearance as Attorney or Accredited Representative

If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

This appearance relates to immigration matters before (select **only one** box):

- 1.a. ☒ U.S. Citizenship and Immigration Services (USCIS)
- 1.b. List the form numbers or specific matter in which appearance is entered.
I-130
- 2.a. ☐ U.S. Immigration and Customs Enforcement (ICE)
- 2.b. List the specific matter in which appearance is entered.
N/A
- 3.a. ☐ U.S. Customs and Border Protection (CBP)
- 3.b. List the specific matter in which appearance is entered.
N/A
4. Receipt Number (if any)
▶ **N/A**
5. I enter my appearance as an attorney or accredited representative at the request of the (select **only one** box):
☐ Applicant ☒ Petitioner ☐ Requestor
☐ Beneficiary/Derivative ☐ Respondent (ICE, CBP)

Information About Client (Applicant, Petitioner, Requestor, Beneficiary or Derivative, Respondent, or Authorized Signatory for an Entity)

- 6.a. Family Name (Last Name) **ROITMAN**
- 6.b. Given Name (First Name) **Alexandre**
- 6.c. Middle Name **N/A**
- 7.a. Name of Entity (if applicable)
N/A
- 7.b. Title of Authorized Signatory for Entity (if applicable)
N/A
8. Client's USCIS Online Account Number (if any)
▶ **N/A**
9. Client's Alien Registration Number (A-Number) (if any)
▶ A- **0 8 7 2 1 6 1 1 3**

Client's Contact Information

10. Daytime Telephone Number
8083491279
11. Mobile Telephone Number (if any)
8083491279
12. Email Address (if any)
roitmanhawaii@hotmail.com

Mailing Address of Client

NOTE: Provide the client's mailing address. **Do not** provide the business mailing address of the attorney or accredited representative **unless** it serves as the safe mailing address on the application or petition being filed with this Form G-28.

- 13.a. Street Number and Name **PO Box 90487**
- 13.b. ☐ Apt. ☐ Ste. ☐ Flr. **N/A**
- 13.c. City or Town **San Diego**
- 13.d. State **CA** 13.e. ZIP Code **92169**
- 13.f. Province **N/A**
- 13.g. Postal Code **N/A**
- 13.h. Country
USA

Part 4. Client's Consent to Representation and Signature

Consent to Representation and Release of Information

I have requested the representation of and consented to being represented by the attorney or accredited representative named in **Part 1.** of this form. According to the Privacy Act of 1974 and U.S. Department of Homeland Security (DHS) policy, I also consent to the disclosure to the named attorney or accredited representative of any records pertaining to me that appear in any system of records of USCIS, ICE, or CBP.



Part 4. Client's Consent to Representation and Signature (continued)

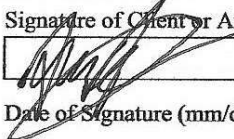
Options Regarding Receipt of USCIS Notices and Documents

USCIS will send notices to both a represented party (the client) and his, her, or its attorney or accredited representative either through mail or electronic delivery. USCIS will send all secure identity documents and Travel Documents to the client's U.S. mailing address.

If you want to have notices and/or secure identity documents sent to your attorney or accredited representative of record rather than to you, please select **all applicable** items below. You may change these elections through written notice to USCIS.

- 1.a. ☒ I request that USCIS send original notices on an application or petition to the business address of my attorney or accredited representative as listed in this form.
- 1.b. ☒ I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).
- NOTE:** If your notice contains Form I-94, Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select Item Number 1.c.
- 1.c. ☐ I request that USCIS send my notice containing Form I-94 to me at my U.S. mailing address.

Signature of Client or Authorized Signatory for an Entity

- 2.a. Signature of Client or Authorized Signatory for an Entity
➔ 
- 2.b. Date of Signature (mm/dd/yyyy) **07/09/2026**

Part 5. Signature of Attorney or Accredited Representative

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before DHS. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

1. a. Signature of Attorney or Accredited Representative

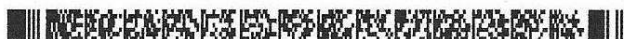


- 1.b. Date of Signature (mm/dd/yyyy) **07/09/2026**

- 2.a. Signature of Law Student or Law Graduate

N/A

- 2.b. Date of Signature (mm/dd/yyyy) **N/A**



Part 6. Additional Information

If you need extra space to provide any additional information within this form, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this form or attach a separate sheet of paper. Type or print your name at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a	Family Name (Last Name)	ROITMAN
-----	----------------------------	---------

1.b. Given Name (First Name)	Alexandre
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1.c. Middle Name	N/A
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2.a. Page Number	2.b. Part Number	2.c. Item Number
N/A	N/A	N/A

2.d. **N/A**

3.a. Page Number	3.b. Part Number	3.c. Item Number
N/A	N/A	N/A

3.d. N/A

4.a. Page Number 4.b. Part Number 4.c. Item Number

4.d. N/A

5.a. Page Number **5.b.** Part Number **5.c.** Item Number

N/A	N/A	N/A
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5.d. **N/A**

6.a. Page Number	6.b. Part Number	6.c. Item Number
N/A	N/A	N/A

6.d. N/A





Petition for Alien Relative
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-130
OMB No. 1615-0012
Expires 02/28/2027

For USCIS Use Only		Fee Stamp	Action Stamp
A-Number			
A-			
Initial Receipt			
Resubmitted			
Relocated	Section of Law/Visa Category		
Received	☐ 201(b) Spouse - IR-1/CR-1 ☐ 203(a)(1) Unm. S/D - F1-1 ☐ 203(a)(2)(B) Unm. S/D - F2-4		
Sent	☐ 201(b) Child - IR-2/CR-2 ☐ 203(a)(2)(A) Spouse - F2-1 ☐ 203(a)(3) Married S/D - F3-1		
Completed	☐ 201(b) Parent - IR-5 ☐ 203(a)(2)(A) Child - F2-2 ☐ 203(a)(4) Brother/Sister - F4-1		
Approved	Petition was filed on (Priority Date mm/dd/yyyy):	☐ Field Investigation	☐ Personal Interview ☐ 204(a)(2)(A) Resolved
Returned	PDR request granted/denied - New priority date (mm/dd/yyyy):	☐ Previously Forwarded	☐ Pet. A-File Reviewed ☐ I-485 Filed Simultaneously
		☐ 203(g) Resolved	☐ Ben. A-File Reviewed ☐ 204(g) Resolved
Remarks			
At which USCIS office (e.g., NBC, VSC, LOS, CRO) was Form I-130 adjudicated? _____			

To be completed by an attorney or accredited representative (if any).			
☒ Select this box if Form G-28 is attached.	Volag Number (if any) N/A	Attorney State Bar Number (if applicable) 343486	Attorney or Accredited Representative USCIS Online Account Number (if any) 007492625438

▶ **START HERE - Type or print in black ink.**

If you need extra space to complete any section of this petition, use the space provided in **Part 9. Additional Information**.
Complete and submit as many copies of Part 9., as necessary, with your petition.

Part 1. Relationship (You are the Petitioner. Your relative is the Beneficiary)

- I am filing this petition for my (Select **only one** box):
☐ Spouse ☒ Parent ☐ Brother/Sister ☐ Child
- If you are filing this petition for your child or parent, select the box that describes your relationship (Select **only one** box):
☒ Child was born to parents who were married to each other at the time of the child's birth
☐ Stepchild/Stepparent
☐ Child was born to parents who were not married to each other at the time of the child's birth
☐ Child was adopted (not an Orphan or Hague Convention adoptee)
- If the beneficiary is your brother/sister, are you related by adoption? ☐ Yes ☐ No
- Did you gain lawful permanent resident status or citizenship through adoption? ☐ Yes ☒ No

Part 2. Information About You (Petitioner)

- Alien Registration Number (A-Number) (if any)
▶ A-
- USCIS Online Account Number (if any)
▶
- U.S. Social Security Number (if any)
▶

Your Full Name

- Family Name (Last Name)
- Given Name (First Name)
- Middle Name



Part 2. Information About You (Petitioner) (continued)

Other Names Used (if any)

Provide all other names you have ever used, including aliases, maiden name, and nicknames.

5.a. Family Name (Last Name)
5.b. Given Name (First Name)
5.c. Middle Name

Other Information

6. City/Town/Village of Birth

7. Country of Birth

8. Date of Birth (mm/dd/yyyy)
9. Sex ☒ Male ☐ Female

Mailing Address

10.a. In Care Of Name

10.b. Street Number and Name
10.c. ☐ Apt. ☐ Ste. ☐ Flr.
10.d. City or Town
10.e. State 10.f. ZIP Code
10.g. Province
10.h. Postal Code
10.i. Country

11. Is your current mailing address the same as your physical address? ☐ Yes ☒ No

If you answered "No" to **Item Number 11.**, provide information on your physical address in **Item Numbers 12.a. - 13.b.**

Address History

Provide your physical addresses for the last five years, whether inside or outside the United States. Provide your current address first if it is different from your mailing address in **Item Numbers 10.a. - 10.i.**

Physical Address 1

12.a. Street Number and Name
12.b. ☐ Apt. ☐ Ste. ☐ Flr.
12.c. City or Town
12.d. State 12.e. ZIP Code
12.f. Province
12.g. Postal Code
12.h. Country

13.a. Date From (mm/dd/yyyy)
13.b. Date To (mm/dd/yyyy)

Physical Address 2

14.a. Street Number and Name
14.b. ☐ Apt. ☐ Ste. ☐ Flr.
14.c. City or Town
14.d. State 14.e. ZIP Code
14.f. Province
14.g. Postal Code
14.h. Country

15.a. Date From (mm/dd/yyyy)
15.b. Date To (mm/dd/yyyy)

Your Marital Information

16. How many times have you been married?
17. Current Marital Status
☐ Single, Never Married ☐ Married ☒ Divorced
☐ Widowed ☐ Separated ☐ Annulled



Part 2. Information About You (Petitioner)
(continued)

18. Date of Current Marriage (if currently married)
(mm/dd/yyyy)

Place of Your Current Marriage (if married)

19.a. City or Town

N/A

19.b. State

N/A

19.c. Province

N/A

19.d. Country

N/A

Names of All Your Spouses (if any)

Provide information on your current spouse (if currently married) first and then list all your prior spouses (if any).

Spouse 1

20.a. Family Name
(Last Name)

ROITMAN

20.b. Given Name
(First Name)

Marilyn

20.c. Middle Name

Rochelle

21. Date Marriage Ended (mm/dd/yyyy)

02/11/2026

Spouse 2

22.a. Family Name
(Last Name)

N/A

22.b. Given Name
(First Name)

N/A

22.c. Middle Name

N/A

23. Date Marriage Ended (mm/dd/yyyy)

N/A

Information About Your Parents

Parent 1's Information

Full Name of Parent 1

24.a. Family Name
(Last Name)

FANTE ROITMAN

24.b. Given Name
(First Name)

Adenir

24.c. Middle Name

N/A

25. Date of Birth (mm/dd/yyyy)

03/04/1954

26. Sex

☐

Male

☒

Female

27. Country of Birth

Brazil

28. City/Town/Village of Residence

Curitiba

29. Country of Residence

Brazil

Parent 2's Information

Full Name of Parent 2

30.a. Family Name
(Last Name)

ROITMAN

30.b. Given Name
(First Name)

Valter

30.c. Middle Name

N/A

31. Date of Birth (mm/dd/yyyy)

07/22/1951

32. Sex

☒

Male

☐

Female

33. Country of Birth

Brazil

34. City/Town/Village of Residence

Curitiba

35. Country of Residence

Brazil

Additional Information About You (Petitioner)

36. I am a (Select **only one** box):

☒

U.S. Citizen

☐

Lawful Permanent Resident

If you are a U.S. citizen, complete Item Number 37.

37. My citizenship was acquired through (Select **only one** box):

☐

Birth in the United States

☒

Naturalization

☐

Parents

38. Have you obtained a Certificate of Naturalization or a Certificate of Citizenship?

☒

Yes

☐

No

If you answered "Yes" to Item Number 38., complete the following:

39.a. Certificate Number

42725884

39.b. Place of Issuance

Honolulu, Hawaii

39.c. Date of Issuance (mm/dd/yyyy)

12/29/2021

Part 2. Information About You (Petitioner)
(continued)

If you are a lawful permanent resident, complete **Item Numbers 40.a. - 41.**

40.a. Class of Admission

N/A

40.b. Date of Admission (mm/dd/yyyy)

N/A

Place of Admission

40.c. City or Town

N/A

40.d. State

N/A

41. Did you gain lawful permanent resident status through marriage to a U.S. citizen or lawful permanent resident?

☐ Yes ☐ No

Employment History

Provide your employment history for the last five years, whether inside or outside the United States. Provide your current employment first. If you are currently unemployed, type or print "Unemployed" in **Item Number 42.**

Employer 1

42. Name of Employer/Company

Alex Roitman LLC

43.a. Street Number and Name

58-252 Kamehameha Highway

43.b. ☐ Apt. ☐ Ste. ☐ Flr.

Unit A

43.c. City or Town

Haleiwa

43.d. State

HI

43.e. ZIP Code

96712

43.f. Province

N/A

43.g. Postal Code

N/A

43.h. Country

USA

44. Your Occupation

Owner

45.a. Date From (mm/dd/yyyy)

03/29/2024

45.b. Date To (mm/dd/yyyy)

PRESENT

Employer 2

46. Name of Employer/Company

Onoyo

47.a. Street Number and Name

56-505 Kamehameha Highway

47.b. ☐ Apt. ☐ Ste. ☐ Flr.

N/A

47.c. City or Town

Kahuku

47.d. State

HI

47.e. ZIP Code

96731

47.f. Province

N/A

47.g. Postal Code

N/A

47.h. Country

USA

48. Your Occupation

Partner owner

49.a. Date From (mm/dd/yyyy)

11/01/2011

49.b. Date To (mm/dd/yyyy)

03/01/2024

Part 3. Biographic Information

NOTE: Provide the biographic information about you, the petitioner.

1. Ethnicity (Select **only one** box)

- ☒ Hispanic or Latino
☐ Not Hispanic or Latino

2. Race (Select **all applicable** boxes)

- ☒ White
☐ Asian
☐ Black or African American
☐ American Indian or Alaska Native
☐ Native Hawaiian or Other Pacific Islander

3. Height

Feet

5

Inches

7

4. Weight

Pounds

1

4

8

5. Eye Color (Select **only one** box)

- ☐ Black ☒ Blue ☐ Brown
☐ Gray ☐ Green ☐ Hazel
☐ Maroon ☐ Pink ☐ Unknown/Other

Part 3. Biographic Information (continued)**6. Hair Color (Select only one box)**

- | | | |
|---|--------------------------------|--|
| ☐ Bald (No hair) | ☐ Black | ☐ Blond |
| ☒ Brown | ☐ Gray | ☐ Red |
| ☐ Sandy | ☐ White | ☐ Unknown/Other |

Part 4. Information About Beneficiary**1. Alien Registration Number (A-Number) (if any)**▶ A- **N/A****2. USCIS Online Account Number (if any)**▶ **N/A****3. U.S. Social Security Number (if any)**▶ **N/A****Beneficiary's Full Name****4.a. Family Name (Last Name)** **FANTE ROITMAN****4.b. Given Name (First Name)** **Adenir****4.c. Middle Name** **N/A****Other Names Used (if any)**

Provide all other names the beneficiary has ever used, including aliases, maiden name, and nicknames.

5.a. Family Name (Last Name) **FANTE DA SILVA****5.b. Given Name (First Name)** **Adenir****5.c. Middle Name** **N/A****Other Information About Beneficiary****6. City/Town/Village of Birth****São Paulo****7. Country of Birth****Brazil****8. Date of Birth (mm/dd/yyyy)** **03/04/1954****9. Sex** ☐ Male ☒ Female**10. Has anyone else ever filed a petition for the beneficiary?**
☐ Yes ☒ No ☐ Unknown

NOTE: Select "Unknown" *only* if you do not know, and the beneficiary also does not know, if anyone else has ever filed a petition for the beneficiary.

Beneficiary's Physical AddressIf the beneficiary lives outside the United States in a home without a street number or name, leave **Item Numbers 11.a.** and **11.b.** blank.**11.a. Street Number and Name** **Dr Lauro Wolff Valente 155****11.b.** ☒ Apt. ☐ Ste. ☐ Flr. **802****11.c. City or Town** **Curitiba****11.d. State** **N/A** **11.e. ZIP Code** **N/A****11.f. Province** **Parana****11.g. Postal Code** **81070010****11.h. Country****Brazil****Other Address and Contact Information**Provide the address in the United States where the beneficiary intends to live, if different from **Item Numbers 11.a. - 11.h.** If the address is the same, type or print "SAME" in **Item Number 12.a.****12.a. Street Number and Name** **58-252 Kamehameha Highway****12.b.** ☐ Apt. ☐ Ste. ☐ Flr. **Unit A****12.c. City or Town** **Haleiwa****12.d. State** **HI** **12.e. ZIP Code** **96712**Provide the beneficiary's address outside the United States, if different from **Item Numbers 11.a. - 11.h.** If the address is the same, type or print "SAME" in **Item Number 13.a.****13.a. Street Number and Name** **SAME****13.b.** ☐ Apt. ☐ Ste. ☐ Flr.**13.c. City or Town****13.d. Province****13.e. Postal Code****13.f. Country****N/A****14. Daytime Telephone Number (if any)****5541999197331**

Part 4. Information About Beneficiary
(continued)

15. Mobile Telephone Number (if any)

5541999197331

16. Email Address (if any)

deroitman@hotmail.com

Beneficiary's Marital Information

17. How many times has the beneficiary been married?

▶ 2

18. Current Marital Status

☐ Single, Never Married ☐ Married ☐ Divorced
☒ Widowed ☐ Separated ☐ Annulled

19. Date of Current Marriage (if currently married)
(mm/dd/yyyy)

N/A

Place of Beneficiary's Current Marriage
(if married)

20.a. City or Town

N/A

20.b. State

N/A

20.c. Province

N/A

20.d. Country

N/A

Names of Beneficiary's Spouses (if any)

Provide information on the beneficiary's current spouse (if currently married) first and then list all the beneficiary's prior spouses (if any).

Spouse 1

21.a. Family Name
(Last Name)

BOURGES

21.b. Given Name
(First Name)

Paulo

21.c. Middle Name

N/A

22. Date Marriage Ended (mm/dd/yyyy)

05/23/2023

Spouse 2

23.a. Family Name
(Last Name)

ROITMAN

23.b. Given Name
(First Name)

Valter

23.c. Middle Name

N/A

24. Date Marriage Ended (mm/dd/yyyy)

09/23/1999

Information About Beneficiary's Family

Provide information about the beneficiary's spouse and children.

Person 1

25.a. Family Name
(Last Name)

ROITMAN

25.b. Given Name
(First Name)

Alexandre

25.c. Middle Name

N/A

26. Relationship

Child

27. Date of Birth (mm/dd/yyyy)

01/22/1974

28. Country of Birth

Brazil

Person 2

29.a. Family Name
(Last Name)

ROITMAN

29.b. Given Name
(First Name)

Priscilla

29.c. Middle Name

N/A

30. Relationship

Child

31. Date of Birth (mm/dd/yyyy)

03/31/1980

32. Country of Birth

Brazil

Person 3

33.a. Family Name
(Last Name)

ROITMAN

33.b. Given Name
(First Name)

Thiago

33.c. Middle Name

N/A

34. Relationship

Child

35. Date of Birth (mm/dd/yyyy)

02/12/1985

36. Country of Birth

Brazil

Part 4. Information About Beneficiary
(continued)

Person 4

37.a. Family Name (Last Name)

37.b. Given Name (First Name)

37.c. Middle Name

38. Relationship

39. Date of Birth (mm/dd/yyyy)

40. Country of Birth

Person 5

41.a. Family Name (Last Name)

41.b. Given Name (First Name)

41.c. Middle Name

42. Relationship

43. Date of Birth (mm/dd/yyyy)

44. Country of Birth

Beneficiary's Entry Information

45. Was the beneficiary **EVER** in the United States?
☒ Yes ☐ No

If the beneficiary is currently in the United States, complete **Items Numbers 46.a. - 46.d.**

46.a. He or she arrived as a (Class of Admission):

46.b. Form I-94 Arrival-Departure Record Number
▶

46.c. Date of Arrival (mm/dd/yyyy)

46.d. Date authorized stay expired, or will expire, as shown on Form I-94 or Form I-95 (mm/dd/yyyy) or type or print "D/S" for Duration of Status

47. Passport Number

48. Travel Document Number

49. Country of Issuance for Passport or Travel Document

50. Expiration Date for Passport or Travel Document (mm/dd/yyyy)

Beneficiary's Employment Information

Provide the beneficiary's current employment information (if applicable), even if they are employed outside of the United States. If the beneficiary is currently unemployed, type or print "Unemployed" in **Item Number 51.a.**

51.a. Name of Current Employer (if applicable)

51.b. Street Number and Name

51.c. ☐ Apt. ☐ Ste. ☐ Flr.

51.d. City or Town

51.e. State 51.f. ZIP Code

51.g. Province

51.h. Postal Code

51.i. Country

52. Date Employment Began (mm/dd/yyyy)

Additional Information About Beneficiary

53. Was the beneficiary **EVER** in immigration proceedings?
☐ Yes ☒ No

54. If you answered "Yes," select the type of proceedings and provide the location and date of the proceedings.
☐ Removal ☐ Exclusion/Deportation
☐ Rescission ☐ Other Judicial Proceedings

55.a. City or Town

55.b. State

56. Date (mm/dd/yyyy)



Part 4. Information About Beneficiary
(continued)

If the beneficiary's native written language does not use Roman letters, type or print his or her name and foreign address in their native written language.

57.a. Family Name (Last Name)	N/A
57.b. Given Name (First Name)	N/A
57.c. Middle Name	N/A
58.a. Street Number and Name	N/A
58.b. ☐ Apt. ☐ Ste. ☐ Flr.	N/A
58.c. City or Town	N/A
58.d. Province	N/A
58.e. Postal Code	N/A
58.f. Country	N/A

If filing for your spouse, provide the last address at which you physically lived together. If you never lived together, type or print, "Never lived together" in Item Number 59.a.

59.a. Street Number and Name	N/A		
59.b. ☐ Apt. ☐ Ste. ☐ Flr.	N/A		
59.c. City or Town	N/A		
59.d. State	N/A	59.e. ZIP Code	N/A
59.f. Province	N/A		
59.g. Postal Code	N/A		
59.h. Country	N/A		
60.a. Date From (mm/dd/yyyy)	N/A		
60.b. Date To (mm/dd/yyyy)	N/A		

The beneficiary is in the United States and will apply for adjustment of status to that of a lawful permanent resident at the U.S. Citizenship and Immigration Services (USCIS) office in:

61.a. City or Town	N/A
61.b. State	N/A

The beneficiary will not apply for adjustment of status in the United States, but he or she will apply for an immigrant visa abroad at the U.S. Embassy or U.S. Consulate in:

62.a. City or Town	Rio de Janeiro
62.b. Province	Rio de Janeiro
62.c. Country	Brazil

NOTE: Choosing a U.S. Embassy or U.S. Consulate outside the country of the beneficiary's last residence does not guarantee that it will accept the beneficiary's case for processing. In these situations, the designated U.S. Embassy or U.S. Consulate has discretion over whether or not to accept the beneficiary's case.

Part 5. Other Information

1. Have you **EVER** previously filed a petition for this beneficiary or any other alien? ☐ Yes ☒ No

If you answered "Yes," provide the name, place, date of filing, and the result.

2.a. Family Name (Last Name)	N/A
2.b. Given Name (First Name)	N/A
2.c. Middle Name	N/A
3.a. City or Town	N/A
3.b. State	N/A
4. Date Filed (mm/dd/yyyy)	N/A
5. Result (for example, approved, denied, withdrawn)	N/A

If you are also submitting separate petitions for other relatives, provide the names of and your relationship to each relative.

Relative 1

6.a. Family Name (Last Name)	N/A
6.b. Given Name (First Name)	N/A
6.c. Middle Name	N/A
7. Relationship	N/A



Part 5. Other Information (continued)**Relative 2**

8.a. Family Name (Last Name)	N/A
8.b. Given Name (First Name)	N/A
8.c. Middle Name	N/A
9. Relationship	N/A

WARNING: USCIS investigates the claimed relationships and verifies the validity of documents you submit. If you falsify a family relationship to obtain a visa, USCIS may seek to have you criminally prosecuted.

PENALTIES: By law, you may be imprisoned for up to 5 years or fined \$250,000, or both, for entering into a marriage contract in order to evade any U.S. immigration law. In addition, you may be fined up to \$10,000 and imprisoned for up to 5 years, or both, for knowingly and willfully falsifying or concealing a material fact or using any false document in submitting this petition.

Part 6. Petitioner's Statement, Contact Information, Declaration, and Signature

NOTE: Read the **Penalties** section of the Form I-130 Instructions before completing this part.

Petitioner's Statement

NOTE: Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

- 1.a. ☒ I can read and understand English, and I have read and understand every question and instruction on this petition and my answer to every question.
- 1.b. ☐ The interpreter named in **Part 7.** read to me every question and instruction on this petition and my answer to every question in

a language in which I am fluent. I understood all of this information as interpreted.
2. ☒ At my request, the preparer named in **Part 8.**,

Otavio Haverroth Silva

prepared this petition for me based only upon information I provided or authorized.

Petitioner's Contact Information

3. Petitioner's Daytime Telephone Number

8083491279
4. Petitioner's Mobile Telephone Number (if any)

8083491279
5. Petitioner's Email Address (if any)

roitmanhawaii@hotmail.com

Petitioner's Declaration and Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any of my records that USCIS may need to determine my eligibility for the immigration benefit I seek.

I further authorize release of information contained in this petition, in supporting documents, and in my USCIS records to other entities and persons where necessary for the administration and enforcement of U.S. immigration laws.

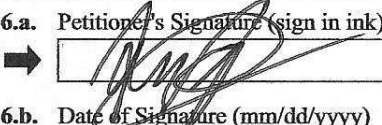
I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

- 1) I provided or authorized all of the information contained in, and submitted with, my petition;
- 2) I reviewed and understood all of the information in, and submitted with, my petition; and
- 3) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that all of the information in my petition and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my petition, and that all of this information is complete, true, and correct.

Petitioner's Signature

- 6.a. Petitioner's Signature (sign in ink)


- 6.b. Date of Signature (mm/dd/yyyy)

07/09/2026

NOTE TO ALL PETITIONERS: If you do not completely fill out this petition or fail to submit required documents listed in the Instructions, USCIS may deny your petition.

Part 7. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter if you used one.

Interpreter's Full Name

- 1.a. Interpreter's Family Name (Last Name)

N/A

- 1.b. Interpreter's Given Name (First Name)

N/A

2. Interpreter's Business or Organization Name (if any)

N/A

Interpreter's Mailing Address

- 3.a. Street Number and Name

N/A

- 3.b. ☐ Apt. ☐ Ste. ☐ Flr.

N/A

- 3.c. City or Town

N/A

- 3.d. State

N/A

- 3.e. ZIP Code

N/A

- 3.f. Province

N/A

- 3.g. Postal Code

N/A

- 3.h. Country

N/A

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number

N/A

5. Interpreter's Mobile Telephone Number (if any)

N/A

6. Interpreter's Email Address (if any)

N/A

Interpreter's Certification

I certify, under penalty of perjury, that:

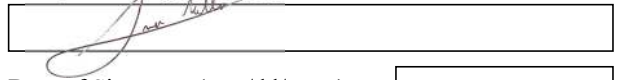
I am fluent in English and

N/A

which is the same language provided in **Part 6., Item Number 1.b.**, and I have read to this petitioner in the identified language every question and instruction on this petition and his or her answer to every question. The petitioner informed me that he or she understands every instruction, question, and answer on the petition, including the **Petitioner's Declaration and Certification**, and has verified the accuracy of every answer.

Interpreter's Signature

- 7.a. Interpreter's Signature (sign in ink)



- 7.b. Date of Signature (mm/dd/yyyy)

N/A

Part 8. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner

Provide the following information about the preparer.

Preparer's Full Name

- 1.a. Preparer's Family Name (Last Name)

HAVERROTH SILVA

- 1.b. Preparer's Given Name (First Name)

Otavio

2. Preparer's Business or Organization Name (if any)

HS Law Corp

Preparer's Mailing Address

- 3.a. Street Number and Name

PO Box 90487

- 3.b. ☐ Apt. ☐ Ste. ☐ Flr.

N/A

- 3.c. City or Town

San Diego

- 3.d. State

CA

- 3.e. ZIP Code

92169

- 3.f. Province

N/A

- 3.g. Postal Code

N/A

- 3.h. Country

USA



Part 8. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner (continued)

Preparer's Contact Information

4. Preparer's Daytime Telephone Number

5102419336

5. Preparer's Mobile Telephone Number (if any)

5102419336

6. Preparer's Email Address (if any)

otavio@legalhs.com

Preparer's Statement

- 7.a. ☐ I am not an attorney or accredited representative but have prepared this petition on behalf of the petitioner and with the petitioner's consent.
- 7.b. ☒ I am an attorney or accredited representative and my representation of the petitioner in this case
☒ extends ☐ does not extend beyond the preparation of this petition.

NOTE: If you are an attorney or accredited representative whose representation extends beyond preparation of this petition, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this petition.

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this petition at the request of the petitioner. The petitioner then reviewed this completed petition and informed me that he or she understands all of the information contained in, and submitted with, his or her petition, including the **Petitioner's Declaration and Certification**, and that all of this information is complete, true, and correct. I completed this petition based only on information that the petitioner provided to me or authorized me to obtain or use.

Preparer's Signature

8.a. Preparer's Signature (sign in ink)



8.b. Date of Signature (mm/dd/yyyy)

07/09/2026



Part 9. Additional Information

If you need extra space to provide any additional information within this petition, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this petition or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a. Family Name (Last Name) **ROITMAN**

1.b. Given Name (First Name) **Alexandre**

1.c. Middle Name **N/A**

2. A-Number (if any) ► A- **0 8 7 2 1 6 1 1 3**

3.a. Page Number **2** 3.b. Part Number **12.a** 3.c. Item Number **2**

3.d. **56-419 Kamehameha Highway**
Kahuku
ZIP code: 96731
Period: from 02/01/2015 to 07/31/2024

4.a. Page Number **N/A** 4.b. Part Number **N/A** 4.c. Item Number **N/A**

4.d. **N/A**
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A

5.a. Page Number **N/A** 5.b. Part Number **N/A** 5.c. Item Number **N/A**

5.d. **N/A**
N/A
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N/A
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N/A

6.a. Page Number **N/A** 6.b. Part Number **N/A** 6.c. Item Number **N/A**

6.d. **N/A**
N/A
N/A
N/A
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N/A
N/A
N/A

7.a. Page Number **N/A** 7.b. Part Number **N/A** 7.c. Item Number **N/A**

7.d. **N/A**
N/A
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N/A





**Notice of Entry of Appearance
as Attorney or Accredited Representative**
Department of Homeland Security

DHS
Form G-28
OMB No. 1615-0105
Expires 05/31/2021

Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)

▶ 0 0 7 4 9 2 6 2 5 4 3 8

Name of Attorney or Accredited Representative

2.a. Family Name (Last Name) **HAVERROTH SILVA**

2.b. Given Name (First Name) **Otavio**

2.c. Middle Name **N/A**

Address of Attorney or Accredited Representative

3.a. Street Number and Name **PO Box 90487**

3.b. ☐ Apt. ☐ Ste. ☐ Flr. **N/A**

3.c. City or Town **San Diego**

3.d. State **CA** 3.e. ZIP Code **92169**

3.f. Province **N/A**

3.g. Postal Code **N/A**

3.h. Country
USA

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number
5102419336

5. Mobile Telephone Number (if any)
5102419336

6. Email Address (if any)
otavio@legalhs.com

7. Fax Number (if any)
N/A

Part 2. Eligibility Information for Attorney or Accredited Representative

Select **all** applicable items.

1.a. ☒ I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states, possessions, territories, commonwealths, or the District of Columbia. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

Licensing Authority

California

1.b. Bar Number (if applicable)

343486

1.c. I (select **only one** box) ☒ am not ☐ am subject to any order suspending, enjoining, restraining, disbaring, or otherwise restricting me in the practice of law. If you are subject to any orders, use the space provided in **Part 6. Additional Information** to provide an explanation.

1.d. Name of Law Firm or Organization (if applicable)

HS Law Corp

2.a. ☐ I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States and recognized by the Department of Justice in accordance with 8 CFR part 1292.

2.b. Name of Recognized Organization

N/A

2.c. Date of Accreditation (mm/dd/yyyy)

N/A

3. ☐ I am associated with

N/A

the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative for a limited purpose is at his or her request.

4.a. ☐ I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2).

4.b. Name of Law Student or Law Graduate

N/A



Part 3. Notice of Appearance as Attorney or Accredited Representative

If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

This appearance relates to immigration matters before (select **only one** box):

- 1.a. ☒ U.S. Citizenship and Immigration Services (USCIS)
- 1.b. List the form numbers or specific matter in which appearance is entered.
I-130
- 2.a. ☐ U.S. Immigration and Customs Enforcement (ICE)
- 2.b. List the specific matter in which appearance is entered.
N/A
- 3.a. ☐ U.S. Customs and Border Protection (CBP)
- 3.b. List the specific matter in which appearance is entered.
N/A
4. Receipt Number (if any)
▶ **N/A**
5. I enter my appearance as an attorney or accredited representative at the request of the (select **only one** box):
☐ Applicant ☐ Petitioner ☐ Requestor
☒ Beneficiary/Derivative ☐ Respondent (ICE, CBP)

Information About Client (Applicant, Petitioner, Requestor, Beneficiary or Derivative, Respondent, or Authorized Signatory for an Entity)

- 6.a. Family Name (Last Name) **FANTE ROITMAN**
- 6.b. Given Name (First Name) **Adenir**
- 6.c. Middle Name **N/A**
- 7.a. Name of Entity (if applicable)
N/A
- 7.b. Title of Authorized Signatory for Entity (if applicable)
N/A
8. Client's USCIS Online Account Number (if any)
▶ **N/A**
9. Client's Alien Registration Number (A-Number) (if any)
▶ A- **N/A**

Client's Contact Information

10. Daytime Telephone Number
5541999197331
11. Mobile Telephone Number (if any)
5541999197331
12. Email Address (if any)
deroitman@hotmail.com

Mailing Address of Client

NOTE: Provide the client's mailing address. **Do not** provide the business mailing address of the attorney or accredited representative **unless** it serves as the safe mailing address on the application or petition being filed with this Form G-28.

- 13.a. Street Number and Name **PO Box 90487**
- 13.b. ☐ Apt. ☐ Ste. ☐ Flr. **N/A**
- 13.c. City or Town **San Diego**
- 13.d. State **CA** 13.e. ZIP Code **92169**
- 13.f. Province **N/A**
- 13.g. Postal Code **N/A**
- 13.h. Country
USA

Part 4. Client's Consent to Representation and Signature

Consent to Representation and Release of Information

I have requested the representation of and consented to being represented by the attorney or accredited representative named in **Part 1.** of this form. According to the Privacy Act of 1974 and U.S. Department of Homeland Security (DHS) policy, I also consent to the disclosure to the named attorney or accredited representative of any records pertaining to me that appear in any system of records of USCIS, ICE, or CBP.



Part 4. Client's Consent to Representation and Signature (continued)

Options Regarding Receipt of USCIS Notices and Documents

USCIS will send notices to both a represented party (the client) and his, her, or its attorney or accredited representative either through mail or electronic delivery. USCIS will send all secure identity documents and Travel Documents to the client's U.S. mailing address.

If you want to have notices and/or secure identity documents sent to your attorney or accredited representative of record rather than to you, please select **all applicable** items below. You may change these elections through written notice to USCIS.

- 1.a. ☒ I request that USCIS send original notices on an application or petition to the business address of my attorney or accredited representative as listed in this form.
- 1.b. ☒ I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).
- NOTE:** If your notice contains Form I-94, Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select **Item Number 1.c.**
- 1.c. ☐ I request that USCIS send my notice containing Form I-94 to me at my U.S. mailing address.

Signature of Client or Authorized Signatory for an Entity

- 2.a. Signature of Client or Authorized Signatory for an Entity
→ 
- 2.b. Date of Signature (mm/dd/yyyy) **07/09/2026**

Part 5. Signature of Attorney or Accredited Representative

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before DHS. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

1. a. Signature of Attorney or Accredited Representative

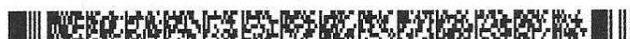


- 1.b. Date of Signature (mm/dd/yyyy) **07/09/2026**

- 2.a. Signature of Law Student or Law Graduate

N/A

- 2.b. Date of Signature (mm/dd/yyyy) **N/A**



Part 6. Additional Information

If you need extra space to provide any additional information within this form, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this form or attach a separate sheet of paper. Type or print your name at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a. Family Name (Last Name) **FANTE ROITMAN**

1.b. Given Name (First Name) **Adenir**

1.c. Middle Name **N/A**

2.a. Page Number **N/A** 2.b. Part Number **N/A** 2.c. Item Number **N/A**

2.d. **N/A**

3.a. Page Number **N/A** 3.b. Part Number **N/A** 3.c. Item Number **N/A**

3.d. **N/A**

4.a. Page Number **N/A** 4.b. Part Number **N/A** 4.c. Item Number **N/A**

4.d. **N/A**

5.a. Page Number **N/A** 5.b. Part Number **N/A** 5.c. Item Number **N/A**

5.d. **N/A**

6.a. Page Number **N/A** 6.b. Part Number **N/A** 6.c. Item Number **N/A**

6.d. **N/A**



Exhibit list

Exhibits:

Pages:

Exhibit 1 - Evidence of Petitioner Alexandre Roitman's U.S. Citizenship

Alexandre Roitman's U.S. Passport 1-14

Alexandre Roitman's Certificate of Naturalization 15

Exhibit 2 - Evidence of the Parent-Child Relationship Between Petitioner Alexandre Roitman and Beneficiary Adenir Fante Roitman

Alexandre Roitman's Birth Certificate with English Translation 16-18

Exhibit 3 - Beneficiary Adenir Fante Roitman's Identity Documents

Adenir Fante Roitman's Valid Brazilian Passport 19-36

Adenir Fante Roitman's Expired Passport and Previous U.S. Visa 37-38

Adenir Fante Roitman's Birth Certificate with English Translation 39-41

Exhibit 4 - Beneficiary Adenir Fante Roitman's Civil Status and Name History Documents

Marriage Certificate (Paulo Bourges), Including Death Annotation, with English Translation 42-44

Marriage Certificate (Paulo Bourges) with English Translation 45-49

Marriage Certificate (Valter Roitman), Including Judicial Separation Annotation, with English Translation 50-52

Exhibit 5 - Evidence of Current Residence of Petitioner and Beneficiary

Alexandre Roitman's Proof of Current U.S. Residence 53

Adenir Fante Roitman's Proof of Current Residence in 54-58
Curitiba, Brazil, with English Translation

Exhibit 6 - Petitioner Alexandre Roitman's Marital History Documents

Alexandre Roitman's Marriage Certificate 59

Alexandre Roitman's Divorce Certificate 60-68

Exhibit 7 - Additional Family Relationship Evidence

Priscilla Roitman's Birth Certificate (Beneficiary's Daughter and Petitioner's Sister) with English Translation 69-71

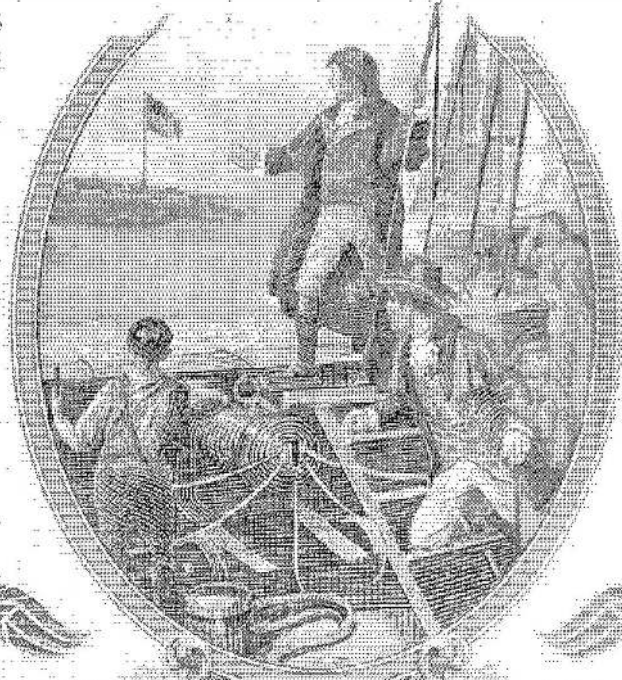
Thiago Roitman's Birth Certificate (Beneficiary's Son and Petitioner's Brother) with English Translation 72-74

Chloe Kai'ulani Roitman's Birth Certificate (Petitioner's Daughter) 75

Kai Jack Roitman's Birth Certificate (Petitioner's Son) 76

**Exhibit 1 – Evidence
of Petitioner
Alexandre Roitman's
U.S. Citizenship**

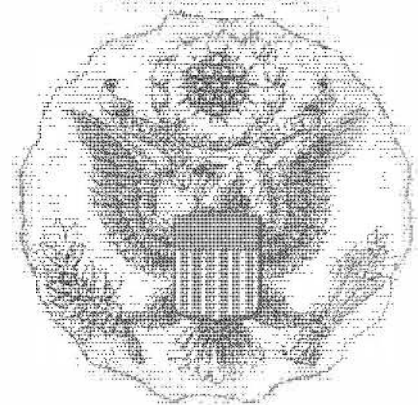
O say does that star
 shagles banner yet wave
 O'er the land of the free
 & the home of the brave



THE UNITED STATES OF AMERICA

AND THAT GOVERNMENT OF THE PEOPLE,
 BY THE PEOPLE, FOR THE PEOPLE,
 SHALL NOT PERISH FROM THE EARTH.

—ABRAHAM LINCOLN—



The Secretary of State of the United States of America
 hereby requests all whom it may concern to permit the
 citizen/national of the United States named herein to pass
 without delay or hindrance and in case of need to give all
 lawful aid and protection.

Le Secrétaire d'Etat des Etats-Unis d'Amérique prie par les présentes toutes
 autorités compétentes de laisser passer le citoyen ou ressortissant des Etats-Unis
 titulaire du présent passeport, sans délai ni difficulté et, en cas de besoin, de lui
 accorder toute aide et protection légitimes.

El Secretario de Estado de los Estados Unidos de América por el presente solicita
 a las autoridades competentes permitir el paso del ciudadano o nacional de los
 Estados Unidos aquí nombrado, sin demora ni dificultades, y en caso de
 necesidad, prestarle toda la ayuda y protección debidas.

A07377121

SECURITY INFORMATION

OPTICALLY VARIABLE DEVICE

The U.S. Coat of Arms is transparent over the Bearer's image.

BEARER'S IMAGE

An image of the document holder is printed over security artwork.

MICROTEXT

"United States of America" is printed in microtext behind the Bearer's image.

WATERMARK

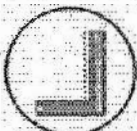
The U.S. Coat of Arms can be seen when a visa page is held up to the light.

PASSPORT NUMBER

The passport number is perforated throughout the passport.

COLOR-SHIFTING INK

"USA" shifts from gold to green when the document is tilted.



PERSONAL DATA AND EMERGENCY CONTACT

FOR YOUR PROTECTION, COMPLETE THE INFORMATION REQUESTED BELOW USING PENCIL. PLEASE KEEP THESE ENTRIES UP TO DATE.

BEARER'S PHONE NUMBER IN THE UNITED STATES
NUMERO DE TELEPHONE DU TITULAIRE AUX ETATS-UNIS
NUMERO DE TELEFONO DEL TITULAR EN LOS ESTADOS UNIDOS

BEARER'S PHONE NUMBER OUTSIDE THE UNITED STATES
NUMERO DE TELEPHONE DU TITULAIRE A L'EXTERIEUR DES ETATS-UNIS
NUMERO DE TELEFONO DEL TITULAR FUERA DE LOS ESTADOS UNIDOS

BEARER'S EMAIL ADDRESS
E-MAIL DU TITULAIRE
CORREO ELECTRONICO DEL TITULAR

IN CASE OF EMERGENCY NOTIFY THE NEAREST U.S. EMBASSY OR CONSULATE OR THE STATE DEPARTMENT OFFICE OF AMERICAN CITIZENS SERVICES, AT 202.647.5225, AND THE CONTACT YOU HAVE DESIGNATED.

EN CAS D'URGENCE, PRIERE D'AVISER L'AMBARADE OU LE CONSULAT DES ETATS-UNIS LE PLUS PROCHE OU LE BUREAU DES SERVICES AUX CITOYENS AMERICAINS DU DEPARTEMENT D'ETAT AU 202-647-5225, AINSI QUE LA PERSONNE QUE VOUS DESIGNEZ CI-DESSOUS.

EN CASO DE EMERGENCIA, NOTIFIQUE A LA EMBAJADA O CONSULADO DE LOS ESTADOS UNIDOS MAS CERCA, O AL CENTRO DE EMERGENCIA PARA CIUDADANOS, DEPARTAMENTO DE ESTADO AL TELEFONO 202-647-5225, Y A LA PERSONA QUE USTED INDICABA CONTINUACION.

Name/Nom/Nombre

Address/Adresse/Direccion

Telephone/Téléphone/Telefono

Email/Correo electrónico/Correo electrónico

IMPORTANT INFORMATION

IT IS UNLAWFUL for any person other than the original, lawful recipient to use this passport. It is unlawful to use this passport in violation of passport regulations or of the conditions or restrictions set out in the passport, or for travel to countries where use of a U.S. passport is restricted (Title 18, U.S. Code, Section 1544). For further information, contact the nearest U.S. embassy or consulate, or visit travel.state.gov.

U.S. GOVERNMENT PROPERTY This passport is the property of the United States (Title 22, Code of Federal Regulations, Section 51.7). It must be surrendered upon demand by an authorized representative of the United States Government.

LOSS, THEFT, OR ALTERATION OF PASSPORT The loss, theft, or destruction of a passport is serious and should be reported immediately. If lost, stolen, or found in the United States, contact the National Passport Information Center at 1-877-487-2778. If abroad, contact the nearest U.S. embassy or consulate. This passport must not be altered or damaged. Alteration could make the passport invalid, and if willful, may subject you to prosecution (Title 18, U.S. Code, Section 1543). Only authorized officials may place stamps or make notations or additions in this passport.

TRAVEL INFORMATION You can find travel and country specific information, including Travel Advisories and Public Announcements at travel.state.gov.

EMERGENCIES AND REGISTRATION If you require assistance due to an emergency or if you are in trouble with foreign authorities, contact the nearest U.S. embassy or consulate. When visiting a foreign country for a prolonged stay, traveling to remote or volatile areas, or residing overseas, register with the U.S. embassy or consulate by telephone, fax, in person, or online at stop.state.gov.

FOREIGN LAWS While in a foreign country, you are subject to its laws. Penalties for violating local laws, including possession, or trafficking of illegal drugs can be more severe than in the U.S. for similar offenses and convicted offenders can expect prison sentences and heavy fines.

DUAL CITIZENSHIP Dual nationality may hamper efforts to provide U.S. consular protection to dual citizens in the foreign country of their other nationality. Dual citizens who encounter problems abroad, including possible conscription for military service, should contact the nearest U.S. embassy or consulate.

IMPORTANT INFORMATION

PARENTAL CHILD ABDUCTION For information on prevention of international parental child abduction, or help if your child has been taken, contact the U.S. Department of State's Office of Children's Issues at 1-202-501-4444, or consult our home page at travel.state.gov.

LOSS OF U.S. CITIZENSHIP U.S. citizens who wish to learn more about potentially expatriating acts or how to renounce their U.S. citizenship should visit travel.state.gov.

IMPORTATION OF GOODS AND SERVICES Contact the Department of the Treasury, Office of Foreign Assets Control, for more information at www.treas.gov.

CUSTOMS AND BORDER PROTECTION Contact Customs & Border Protection for information about entering the United States at www.cbp.gov.

AGRICULTURE For information on bringing food, plant, and animal products into the United States, contact the U.S. Department of Agriculture at www.aphis.usda.gov.

U.S. TAXES All U.S. citizens working and residing abroad are required to file and report on their worldwide income. Find more information at www.irs.gov.

SOCIAL SECURITY Before going abroad contact the Social Security Administration, Office of International Operations, about receiving payments while outside of the U.S. While abroad contact a U.S. embassy or consulate or find more information at www.ssa.gov.

EXACT WEBSITE ADDRESSES SUBJECT TO CHANGE—PLEASE VISIT TRAVEL.STATE.GOV/PASSPORTINFO FOR UP-TO-DATE INFORMATION

This document contains sensitive electronics. For best performance, do not bend, perforate or expose to extreme temperatures.

If your passport expires within six months of your date of departure, you may be denied entry into some countries.

ES177370A

A07377321

We have a great dream. It started way back in 1776.

Visas

JAPAN IMMIGRATION INSPECTOR

上陸許可
LANDING PERMISSION

許可年月日 -2 AUG 2025

Date of permit: 31 OCT 2025

在留期限

Until: 31 OCT 2025

滞在資格 短期滞在

Status: Temporary Visitor

有効期限 90days

Duration: 90days

2026278668

LTTH4490975



My dream
King Jr.

ISAS

IN CONGRESS July 4, 1776.
The Declaration of the Independence of the United States of America



Let every nation know, whether it wishes us well or
any hardship, support any friend, oppose any foe, in

ill, that we shall pay any price, bear any burden, meet
order to assure the survival and the success of liberty.
John F. Kennedy

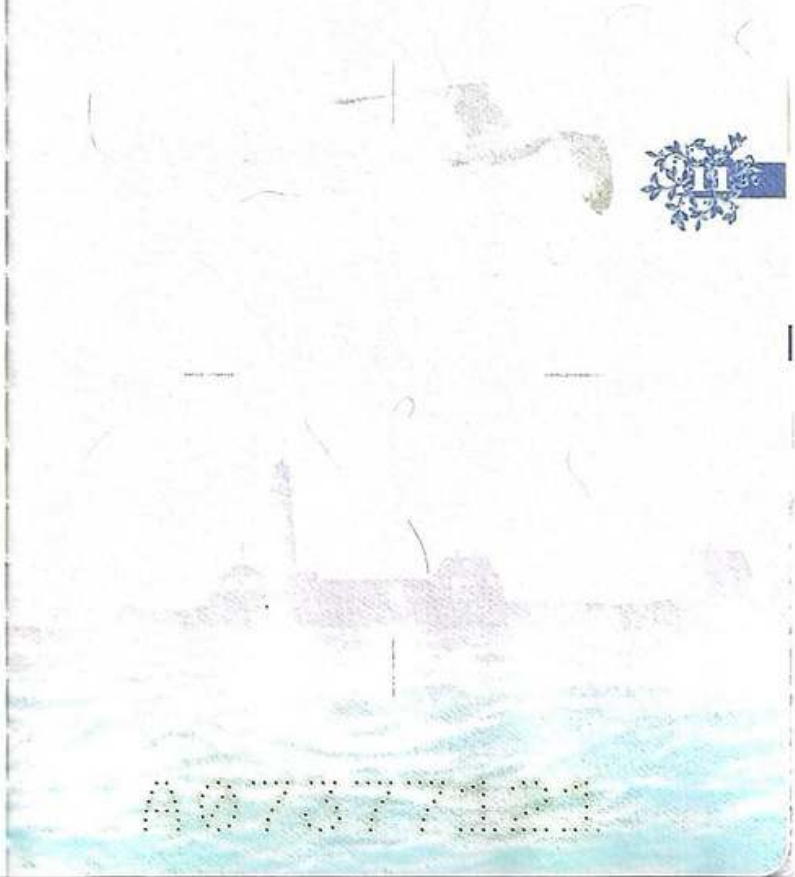


Visas



15177870A

Visas



A07377121



This is a new nation, based on a mighty continent, of boundless possibilities
Theodore Roosevelt

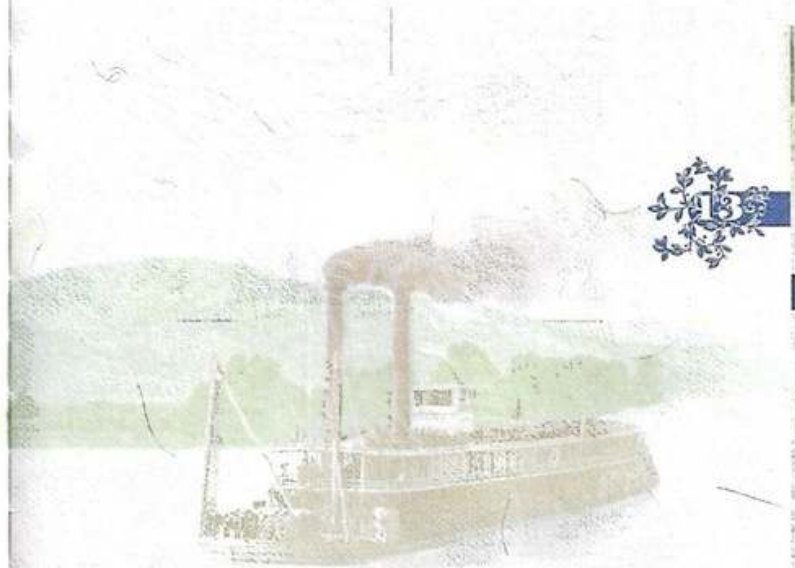
Visas



A07377121



Visas



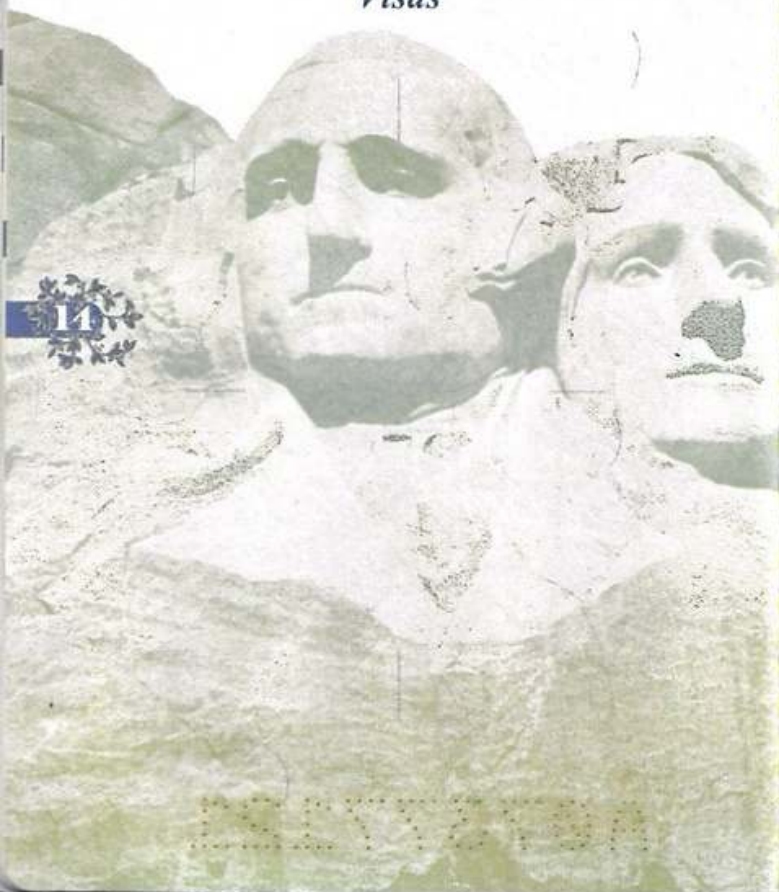
A07377121



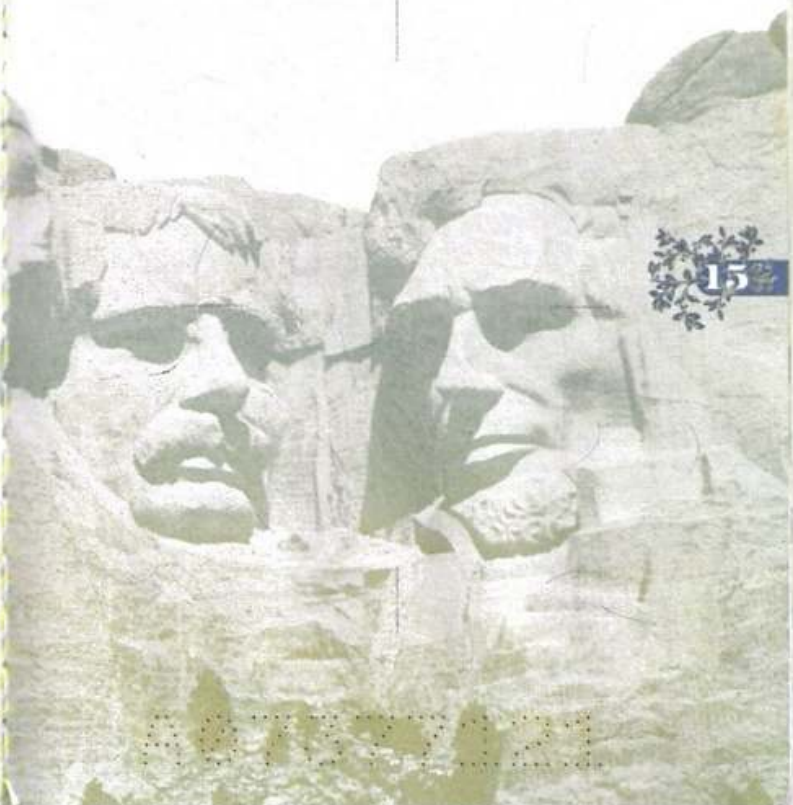
Let us raise a standard to which
the wise and honest can repair...

George Washington

Visas



Visas



16

*The principle of free governments
It is bedded in it.*

Visas

16

DS177670A

17

*adheres to the American soil.
unmovable as its mountains.
Daniel Webster*

Visas

17

A07377121

18

Whatever America hopes to bring to pass in the world must first come to pass in the heart of America.
Dwight D. Eisenhower

Visas

18



18177670A

19

Visas



19

A07377121



*For this is what America is all about.
ridge. It is the star that is not reached and
Is our world gone? We say "Farewell."
and we will bend*

Visas



20

ESIVY8Y0A



*It is the uncrossed desert and the unclimbed
the harvest sleeping in the unplowed ground.
Is a new world coming? We welcome it—
to the hopes of man.*

Lyndon B. Johnson

Visas



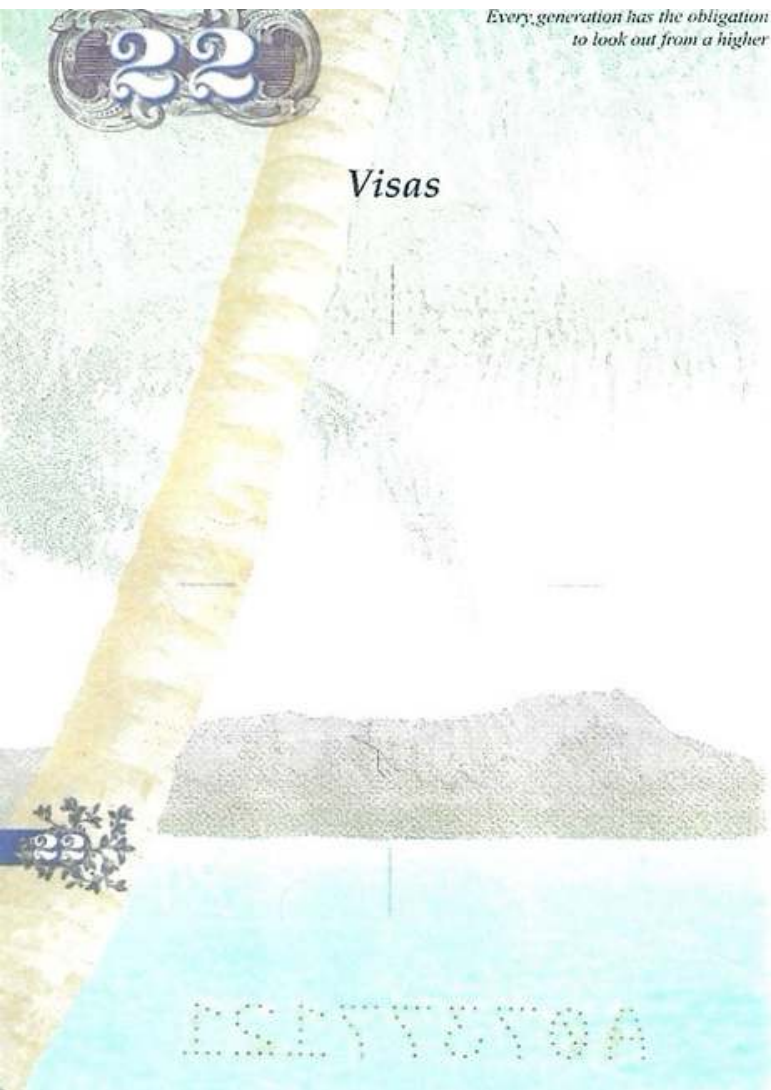
21

A07377121



*Every generation has the obligation
to look out from a higher*

Visas

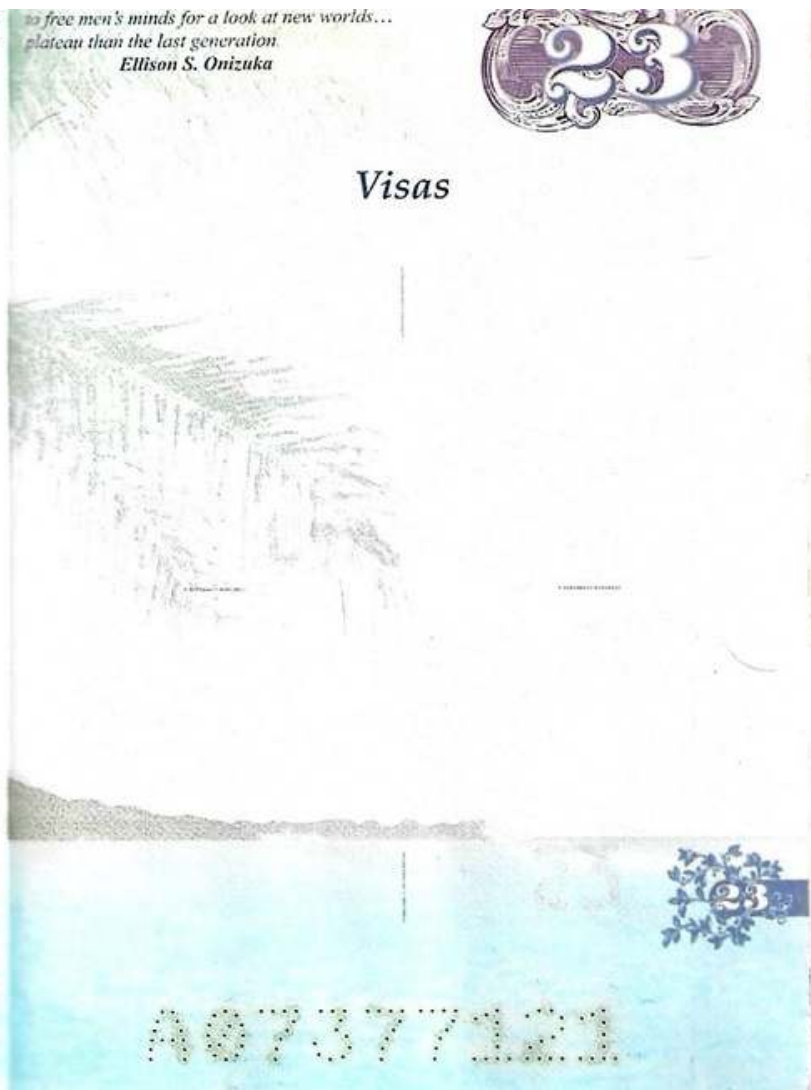


LS1Y7878A



*to free men's minds for a look at new worlds...
plateau than the last generation*
Ellison S. Onizuka

Visas



A07377121



May God continue the unity of our country as this

Visas

*railroad unites the two great oceans of the world.
Inscribed on the Golden Spike, Promontory, Utah, 1869*



Visas

ESLTY8YA

A07377121



26

Visas



SECURITY
DO NOT
REMOVE

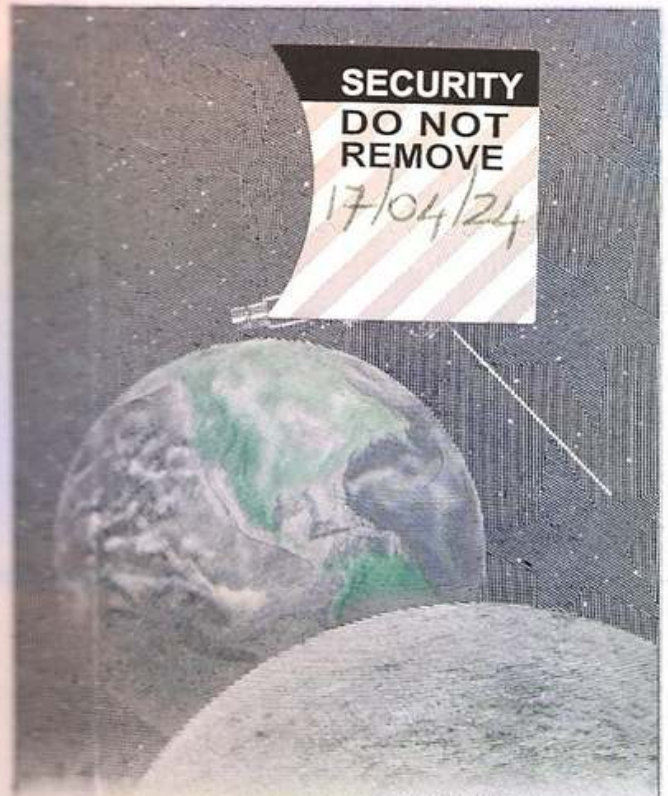
10/9/25

SECURITY
DO NOT
REMOVE

12-10-24

26

LIBRARY OF CONGRESS



SECURITY
DO NOT
REMOVE

17/04/24

The cause of freedom is not the cause of a race or a sect, a party or a class—it is the cause of humankind, the very birthright of humanity.

—Anna Julia Cooper



A07377121

THE UNITED STATES OF AMERICA

No. 42725884

CERTIFICATE OF NATURALIZATION

Personal description of holder
as of date of naturalization:

Date of birth: JANUARY 22, 1979

Sex: MALE

Height: 5 feet 07 inches

Marital status: MARRIED

Country of former nationality:
BRAZIL

USCIS Registration No. A087 216 113

I certify that the description given is true, and that the photograph affixed
hereto is a likeness of me.

(Complete and true signature of holder)

Be it known that, pursuant to an application filed with the Secretary of
Homeland Security

at: HONOLULU, HAWAII

The Secretary having found that:

ALEXANDRE ROITMAN

residing at:

KAHUKU, HAWAII

having complied in all respects with all of the applicable provisions of the
naturalization laws of the United States, being entitled to be admitted as
a citizen of the United States, and having taken the oath of allegiance at a
ceremony conducted by

U.S. CITIZENSHIP AND IMMIGRATION SERVICES

at: HONOLULU, HAWAII

on: DECEMBER 29, 2021

such person is admitted as a citizen of the United States of America.

U. S. Citizenship and Immigration Services

ALTERATION OR MISUSE OF THIS DOCUMENT IS
A FEDERAL OFFENSE AND PUNISHABLE BY LAW

DEPARTMENT OF HOMELAND SECURITY

FORM N-550 (REV. 10/17)

**Exhibit 2 - Evidence
of the Parent-Child
Relationship Between
Petitioner Alexandre
Roitman and
Beneficiary Adenir
Fante Roitman**

**RUA JOSÉ LOUREIRO, 350
PHONE 23-4725
3rd DISTRICT - CURITIBA - PARANÁ**



Abigail de Campos Antunes }
Nilson de Oliveira Mendes } SWORN CLERKS

NOTE - In the event of death, this certificate must be presented to the Registry Office Registrar for the issuance of the death certificate.

I, Carolina Favero da Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.



Date: May 22, 2026.

CARTÓRIO DE REGISTRO CIVIL

RUA JOSÉ LOUREIRO, 350
FONE 23-4725
3.a ZONA - CURITIBA - PARANÁ



Arthur Antunes - OFICIAL

Abigail de Campos Antunes
Nilson de Oliveira Mendes

JURAMENTADOS

Certidão de Nascimento N.º - - - 19.600 - - -

CERTIFICO, que às fls. -100/vº- do livro N.º - A-29 - de Registro de Nascimentos

Foi lavrado o assento de - - - ALEXANDRE ROITMAN - - -
Nascido(a) ao(s) - Vinte e Dois - (22) de - Janeiro - - - de 1.979 - Mil Novecentos
e Setenta e Nove - * à(s) - 12:30 - - hora(s), do sexo - Masculino -
em - - Curitiba - No Hospital Santa Cruz - -
filh.º de:- VALTER ROITMAN - e - ADENIR FANTE ROITMAN - Naturais do Estado
de São Paulo, Ele Engenheiro, e Ela Do Lar, Com 24 Anos, Casados em São
Paulo - Capital, residentes À Rua:- Pedro Augusto Mena Barreto Monglaro
290 - Apto 31 - Neste Distrito - - -

- - - *:*:*:*:*:*:*:*:*:* = -

Avós Paternos - - - JULIO ROITMAN - e - NINA ROITMAN = -

- - - *:*:*:*:*:*:*:*:*:* = -

Avós Maternos - - - ARISTIDES FRANCISCO DA SILVA - e - IZAURA FANTE DA SILVA

= - - - *:*:*:*:*:*:*:*:*:* = -

Foi declarante - - - O Pai-RG.5.202.270-Sp.- *:*:* = -

Serviram de testemunhas = - UBIRAIL JOSE FERNANDES e AVELINO GOMES SOARES - Bra
sileiros e Aqui Residentes *:*:*:*:*:*:*:* = -

OBS: - - - *:*:*:*:*:*:*:*:*

::*:*:*:*:*:*:*:*

::*:*:*:*:*:*:*

::*:*:*:*:*:*:*

ls.-

O referido é verdade e dou fé.

Curitiba, -23- de - - - Janeiro - - - de 1979.-

NOTA — No caso de falecimento esta certidão deverá ser
apresentada ao Oficial do Registro para ser expedi-
da a certidão de óbito.

OFICIAL

**Exhibit 3 -
Beneficiary Adenir
Fante Roitman's
Identity Documents**

MERCOSUL



REPÚBLICA
FEDERATIVA DO
BRASIL

PASSAPORTE



BRUNO LUTZ, L. LUTZ



Pessegueiro, Foz de Iguaçu - M. Cuiabá, Cuiabá - M.
Capitão-mor e Foz de Iguaçu - M.



Este documento pertence à
Ce document appartient à la
This document is the property of the
Este documento pertenece a la

REPÚBLICA FEDERATIVA DO BRASIL

PASSAPORTE
PASSEPORT
PASSPORT
PASAPORTE



Agua-viva



Pez-de-bola



Estrela-do-mar



Caranguejo

REPUBLICA
FEDERATIVA
DO BRASIL

Assinatura do titular / Signature du titulaire
Bearer's signature / Firma del titular

Este passaporte deve ser assinado pelo titular, salvo em caso de incapacidade

- Ce passeport doit être signé par le titulaire, sauf en cas d'incapacité.

✱ This passport must be signed, except where the bearer is unable to do so.

Este pasaporte debe ser firmado por el titular, salvo en caso de incapacidad



PASSAPORTE
PASSPORT

REPÚBLICA FEDERATIVA DO BRASIL

TIPIC / TYPE	PAGE EMISSION / ISSUING COUNTRY
--------------	---------------------------------

P BRA

PASSAPORTE Nº / PASAPORT NO

GM336722

FANTE ROITMAN

HOME / JOHN WANE'S

ADENIR

NACIONALIDADE / NATIONALITY

BRASILEIRO(A)

DATA DO NASCIMENTO / DATE OF BIRTH

04 MAR/MAR 1954

CIN : PERSONAL NUMBER

939373939-00

5000+ HOURS
SOLD + MORE

NATURALIZATION / PLACE OF BIRTH

F

SÃO PAULO/SP

FUSÃO = FUSION

IZAURA FANTE DA SILVA

ARISTIDES FRANCISCO DA SILVA



DATA DE EXPEDIÇÃO : DATE OF ISSUE

29 AGO/AUG 2025

VALIDITY DATE / DATE OF EXPIRY

28 AGO/AUG 2035

AUTORIDADE / AUTHORITY

SR/PF/PR

P<BRAFANTE<ROITMAN<<ADENIR<<<<<<<<<<<<<<<<<<<<<<
GM336722<7BRA5403042F350828693937393900<<<72

4

Este passaporte contém
32 páginas numeradas.

Ce passeport contient
32 pages numérotées.

This passport contains
32 numbered pages.

Este pasaporte contiene
32 páginas numeradas.



Toucan

Roga-se às autoridades estrangeiras que
prestem ao titular deste passaporte auxílio
e assistência em caso de necessidade.

Les autorités des Etats étrangers sont priées de
bien vouloir prêter au titulaire de ce passeport
aide et assistance au besoin.

Foreign authorities are requested to afford the
bearer such assistance and protection as may
be necessary.

Se ruega a las autoridades extranjeras que
presten al titular de este pasaporte auxilio y
asistencia en caso de necesidad.

Este passaporte é válido para todos os países com os
quais o Brasil mantém relações diplomáticas.

Ce passeport est valable dans tous les pays avec lesquels le
Brésil maintient des relations diplomatiques.

This passport is valid for all countries with which Brazil
maintains diplomatic relations.

Este pasaporte es válido para todos los países con los que
Brasil mantiene relaciones diplomáticas.



REPÚBLICA
FEDERATIVA
DO BRASIL

01336722

5

Para uso das autoridades brasileiras.
NÃO CARIMBAR ESTA PÁGINA.

Reservé aux autorités brésiliennes.
NE PAS TAMPONNER CETTE PAGE.

For the use of Brazilian authorities.
DO NOT STAMP THIS PAGE.

Para uso de las autoridades brasileñas.
NO SELLAR ESTA PAGINA.



Coruja-brasileira



Toucan e fruto do Papai

REPÚBLICA
FEDERATIVA
DO BRASIL



INFORMAÇÕES PARA O TITULAR

Este passaporte é propriedade da República Federativa do Brasil e qualquer tentativa de adulteração o tornará inválido. O extravio – perda, roubo ou destruição – do passaporte constitui fato grave e deve ser comunicado imediatamente à autoridade policial e à Embaixada ou ao Consulado do Brasil, conforme o caso. Para isso, recomenda-se que o titular copie as informações da página 2.



Nico Ido Brasil



Para viagens, consulte o site do MRE (www.mre.gov.br)



REPÚBLICA
FEDERATIVA
DO BRASIL

Se o passaporte for entregue a pessoa ou serviço que não pertença ao Governo Brasileiro (por exemplo, para obtenção de visto, compra de passagem, etc.) e não for restituído, o titular deve considerá-lo como extraviado. A concessão de novo passaporte em substituição ao extraviado depende de investigação. Apenas o titular do passaporte poderá usá-lo. A utilização fraudulenta ou a cessão a outra pessoa constituem crimes, pela lei brasileira. Para ressaltar sua responsabilidade, o titular deve assinar seu passaporte, no local previsto na página 3, imediatamente após recebê-lo. Este passaporte só é válido com a assinatura do titular, salvo em caso de incapacidade.



Suzuki

É recomendável que o brasileiro residente no exterior matricule-se na Embaixada ou Consulado do Brasil mais próximo de seu local de residência. Brasileiros de passagem por região conturbada devem entrar em contato com a Embaixada ou o Consulado do Brasil mais próximo para fornecer nome completo, endereço e número do passaporte. Impossibilidade de comparecer pessoalmente, poderá comunicar-se por outro meio, fornecendo nome completo, endereço e número do passaporte. O brasileiro que viaje por áreas conturbadas deve ter presente que a assistência do Governo Brasileiro poderá ser limitada e dependerá das autoridades locais. A contratação de seguro de viagem poderá trazer tranquilidade ao viajante e seus familiares.

É responsabilidade do titular verificar, antes da viagem, a validade do passaporte e a necessidade de visto. O titular poderá solicitar a substituição do passaporte mesmo antes do vencimento, em vista que muitos países exigem prazo mínimo de validade. O menor de idade, não emancipado, viajando desacompanhado de qualquer um dos pais, ou responsável legal, só poderá sair do Brasil munido de documentação pertinente prevista em lei. O cidadão brasileiro que tenha outra nacionalidade deve ter em conta que a assistência consular brasileira no país de que também é nacional poderá ser consideravelmente limitada.



Prédio do Arco do Lázaro, Rio de Janeiro

Consulte/ Consultez / Consult / Consultez
www.portalconsular.mre.gov.br ou www.pf.gov.br

REPÚBLICA
FEDERATIVA
DO BRASIL



BRASIL

8



Orquídea



Praga de Apetito - São Paulo - RJ



REPÚBLICA
FEDERATIVA
DO BRASIL

VISTOS / VISAS

BRASIL

9



Beija-flor



Praga de Apetito - São Paulo - RJ

VISTOS / VISAS

REPÚBLICA
FEDERATIVA
DO BRASIL



02785040

10



Panace e Agogô



Oncopuma



REPÚBLICA
FEDERATIVA
DO BRASIL

VISTOS / VISAS

04336722

11



Cavia



Parque da Pedra da Cebola - Rio de Janeiro - RJ

REPÚBLICA
FEDERATIVA
DO BRASIL



VISTOS / VISAS

BRASILEIRO

12

BRASIL



Matrô de Jangô
Personagem do Nordeste



Mandacari e sãõ Rôm



REPÚBLICA
FEDERATIVA
DO BRASIL

VISTOS / VISAS

BRASILEIRO

13



Toucan



Matrô de Jangô
Personagem do Nordeste

VISTOS / VISAS

REPÚBLICA
FEDERATIVA
DO BRASIL



GR 30722



Arara-branca

14



Aracuaia em argila - Festa Junina



REPÚBLICA
FEDERATIVA
DO BRASIL

VISTOS / VISAS

GR 30722



Urso-do-mato-branco

15



Aracuaia em argila - Festa Junina



REPÚBLICA
FEDERATIVA
DO BRASIL

VISTOS / VISAS

0123456789



BRASIL

16

Arquiteto em Madeira
Sedeiros de Foz



(Linha utilizada no Nordeste)

VISTOS / VISAS



REPÚBLICA
FEDERATIVA
DO BRASIL

0123456789



Escuela de Manoel de Jesus - RJ

17



Arquiteto e Lado

VISTOS / VISAS



REPÚBLICA
FEDERATIVA
DO BRASIL

02780019



Cerâmica de Baianos - BA

18



Cacahueta de Pará

VISTOS / VISAS

REPÚBLICA
FEDERATIVA
DO BRASIL



041335722



Igreja do Rosário - RJ

19



Goiaba

VISTOS / VISAS

REPÚBLICA
FEDERATIVA
DO BRASIL



20



Espetro de R. Anzures

20

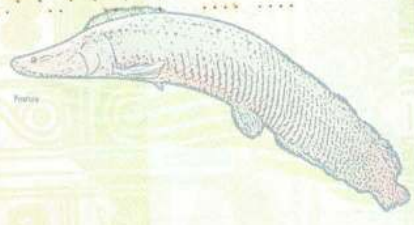


Folheto e fruto do bilap e carvalho

REPÚBLICA
FEDERATIVA
DO BRASIL

VISTOS / VISAS

21



Pontes

21



Barro de granito e pedra de Roca

VISTOS / VISAS

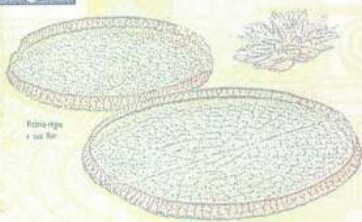
REPÚBLICA
FEDERATIVA
DO BRASIL

EXTERNA



Instrumentos tradicionais indígenas Arapitã

22



Feijão-de-carió e seu Rio



REPÚBLICA
FEDERATIVA
DO BRASIL

VISTOS / VISAS

CH336722



Baria

23



Preparação do feijão-de-carió (página 10)

VISTOS / VISAS

REPÚBLICA
FEDERATIVA
DO BRASIL



02732EN9



Toucan

ROSA NATURAL

24



Chalupa



REPÚBLICA
FEDERATIVA
DO BRASIL

VISTOS / VISAS

EN336722



Toucan



Hei-oi do gatoral

25

REPÚBLICA
FEDERATIVA
DO BRASIL



VISTOS / VISAS

BRASIL

BRASIL



tatu-cariacá



violão e mandolin

26



REPÚBLICA
FEDERATIVA
DO BRASIL

VISTOS / VISAS

BRASIL



eagle



cobra

27

REPÚBLICA
FEDERATIVA
DO BRASIL



VISTOS / VISAS



Projetos - artesanato de festas religiosas

BRASIL 2012

28



REPÚBLICA
FEDERATIVA
DO BRASIL



Receita de Salada - artesanato de festas religiosas

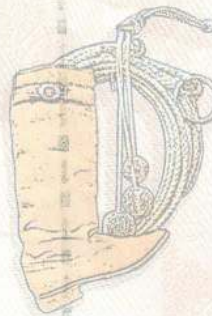


VISTOS / VISAS

BR 338722



Canavieira



Barro e utensílios de cozinha

29



REPÚBLICA
FEDERATIVA
DO BRASIL

VISTOS / VISAS

00130219

Os campos abaixo devem ser preenchidos pelo titular. Aconselha-se usar lápis preto para possibilitar a atualização dos dados.

ENDEREÇO DO TITULAR / ADRESSE DU TITULAIRE / BEARER'S ADDRESS / DIRECCIÓN DEL TITULAR

Endereço / Address

Cidade / City

Estado / State

País / Country

Telefone / Phone



Pinha (fruta de pinheiro - cones)
e pinhas (sementes de pinheiro - cones)



Grallina

30



REPÚBLICA
FEDERATIVA
DO BRASIL

00130219

Em caso de acidente, avisar à Embaixada ou ao Consulado do Brasil mais próximo e à pessoa abaixo indicada:

En cas d'accident, contacter l'Ambassade ou le Consulat du Brésil le plus proche ainsi que la personne indiquée ci-dessous:

In case of accident, notify the nearest Brazilian Embassy or Consulate and the individual named below:

En caso de accidente, contactar con la Embajada o el Consulado de Brasil más próximo y la persona indicada abajo:

Nome / Name

Endereço / Address

Cidade / City

Estado / State

País / Country

Telefone / Phone



Bumba meu boi
de festa de milho



Emu

31



REPÚBLICA
FEDERATIVA
DO BRASIL

BR336722

Este passaporte contém um dispositivo eletrônico e elementos de segurança sensíveis.

Não dobre, perfure ou exponha este documento a temperaturas elevadas, umidade e luz excessivas, campos eletromagnéticos intensos ou substâncias químicas.

Além do respeito e dos cuidados normais dispensados a um passaporte, tenha com este documento as mesmas precauções que teria com qualquer outro dispositivo eletrônico portátil, assegurando-se de que ele não ficará úmido, dobrado ou amassado.

Abusos podem afetar adversamente a operação do chip e reduzir sua utilidade para o titular e para o controle de fronteira.



Casa de churrasco



Caravanas de turistas

Créditos e informações importantes:
Acesse o endereço eletrônico ou utilize o QR Code abaixo.

<https://www.casadamoeda.gov.br/passaportebrasileiro>



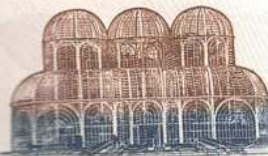
32



REPÚBLICA
FEDERATIVA
DO BRASIL

BR336722

BRA



Arquiteto brasileiro de Curitiba - PR.
Monumento a São Carlos de São Carlos - SC.
Monumento de São Miguel das Missões - RS.

**NÃO GRAMPEAR OU
CARIMBAR ESTA PÁGINA**

**NE PAS AGRAFER OU
TAMPONNER CETTE PAGE**

**DO NOT STAPLE OR
STAMP THIS PAGE**

**NO GRAPAR NI SELLAR
ESTA PAGINA**



**Símbolo Internacional
do Passaporte Eletrônico**

CASA DA MOEDA DO BRASIL

Assinatura do titular / Signature du titulaire
Bearer's signature / Firma del titular

Este passaporte deve ser assinado pelo titular,
salvo em caso de incapacidade.

Ce passeport doit être signé par le titulaire, sauf en cas d'incapacité.

This passport must be signed,
except where the bearer is unable to do so.

Este pasaporte debe ser firmado por el titular,
salvo en caso de incapacidad.

PASSAPORTE
PASSPORT

REPÚBLICA FEDERATIVA DO BRASIL

PRO TYPE

P

PAIS EMISOR/ISSUING COUNTRY

52A

SOBRENOME / SURNAME
FANTE ROITMAN

PASSAPORTE N° / PASSPORT No

FO536827

NOME / GIVEN NAMES

ADENIR

NACIONALIDADE / NATIONALITY

BRASILEIRO(A)

DATA DO NASCIMENTO / DATE OF BIRTH

04 MAR/MAR 1954

SEXO / SEX

11

NATURALIDADE / PLACE OF BIRTH

SÃO PAULO/SP

FILIACÃO / FILIATION

IZAURA FANTE DA SILVA

ARISTIDES FRANCISCO DA SILVA

DATA DE EXPEDIÇÃO / DATE OF ISSUE

24 SET/SEP 2015

VALIDO ATÉ / DATE OF EXPIRY

23 SET/SEP 2025

AUTORIDADE / AUTHORITY

SR/DPF/PR

P<BRAFANTE<ROITMAN<<ADENIR<<<<<<<<<<<<<<<<<<<<<<
F0536827<4BRA5403042F2509231<<<<<<<<<<<<<<<04

JUN 14 2018

UN 24 2016

VISA

UNITED STATES
OF AMERICA



0101

K8079737

*

F0536827<4BRA5403042F2510262B3SPL2F2N0353928



FEDERATIVE REPUBLIC OF BRAZIL
13TH CIVIL REGISTRY OFFICE OF
NATURAL PERSONS
DISTRICT OF THE CAPITAL OF THE STATE OF SÃO PAULO
(BUTANTÃ SUBDISTRICT)

PRAÇA VICENTE RODRIGUES N.º 98

Tomaz Drácio Giacone
DEPUTY REGISTRAR

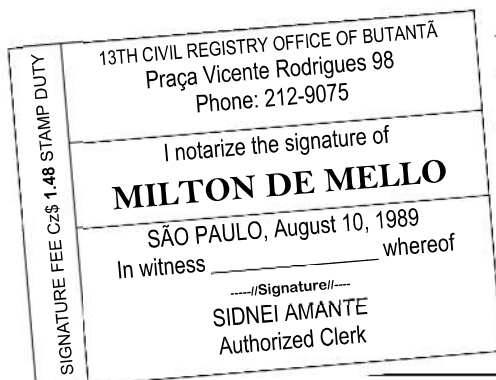
Book -A 51 Entry 22.421 Page 268

Birth Certificate

I CERTIFY that, in Book No. A-51 of birth records, the registration of: _____
"ADENIR FANTE DA SILVA", _____ is recorded.
female, born on March 4, 19 54, (March fourth, nineteen
fifty-four), at 8:30 a.m., at home, at Avenida Dr. Vital Brasil, 599,
daughter of ARISTIDES FRANCISCO DA SILVA,
born in Tabatinga - São Paulo,
and Mrs. IZAURA FANTE DA SILVA,
born in Borborema - São Paulo,
Paternal grandparents: João Francisco da Silva,
and Mrs. Luiza Franco da Silva,
and maternal Roberto Fante,
and Mrs. Maria Feltrin.
The declarant was _____

Registration made on March 4, 19 54
(March fourth, nineteen fifty-four).

NOTE: The registered adopted the name Adenir Fante Roitman after her
marriage to Valter Roitman, on 03/18/78, in this Capital - Jardim
América, under No. 1479, page 288, Book B-05.



The above is true and I certify.

São Paulo, August 10 19 89

The Registrar -----//Signature//-----

MILTON DE MELLO
Authorized Clerk

Stamp duty payable
Form No. 183 / 89

I, Carolina Favero da Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.



Date: May 25, 2026.



REPÚBLICA FEDERATIVA DO BRASIL
13.º CARTÓRIO DO REGISTRO CIVIL DAS
PESSOAS NATURAIS
DA COMARCA DA CAPITAL DO ESTADO DE SÃO PAULO
(SUBDISTRITO DO BUTANTÃ)

PRAÇA VICENTE RODRIGUES N.º 98

Tomaz Drácio Giacone
OFICIAL INTERINO

Lo.-A 51

Tmo. 22.421

Fls. 268

Certidão de Nascimento

CERTIFICO que, no livro n.º A-51 de registros de nascimento, encontra-se o assento de:
"ADENIR FANTE DA SILVA",

do sexo feminino, nascid a no dia 04 de março de 19 54,
(quatro de março de mil novecentos e cinquenta e quatro), às 08:30 ho-
ras, em domicílio, à Av. Dr. Vital Brasil, 599,

filh^a de ARISTIDES FRANCISCO DA SILVA,

natural de Tabatinga - SP.,

e de dona IZAURA FANTE DA SILVA,

natural de Borborema - SP.,

sendo avós paternos João Francisco da Silva,

e Dona Luiza Franco da Silva,

e maternos Roberto Fante,

e Dona Maria Feltrin.

Registro feito em 04 de março de 19 54
(quatro de março de mil novecentos e cinquenta e quatro).

ANOTAÇÃO: A registrada adotou o nome de Adenir Fante Roitman, após seu
casamento com Valter Roitman, no dia 18/03/78, nesta Capital-Jardim Amé-
rica, sob o nº 1479, fls. 288. livro B-05.

13.º CARTÓRIO DE REGISTRO CIVIL DO BUTANTÃ
Praça Vicente Rodrigues n.º 98
Tel. 212.9075

Reconheço por semelhança a firma de
MILTON DE MELLO

SÃO PAULO, 10 DE ABO DE 1989
Em Test.o da verdade

O referido é verdade e dou fé.
SIDNEI AMANTE
Escr. Autorizado

13.º Cartório de Registro Civil
Valor Cobrado pela Certidão
Ao Serventário... NCz\$ 2,58
Ao IPESP... NCz\$ 0,51
TOTAL : NCz\$ 3,09



São Paulo, 10 de agosto de 19 89

O Oficial
MILTON DE MELLO

Escrivente Autorizado

Sêlos Recolhidos por VERBA
Guia n.º 183 / 89

**Exhibit 4 -
Beneficiary Adenir
Fante Roitman's Civil
Status and Name
History Documents**

FUNARPEN



INSPECTION SEAL

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5vDDD.F407q
<https://selo.funarpen.com.br>



FEDERATIVE REPUBLIC OF BRAZIL
CIVIL REGISTRY OF NATURAL PERSONS

**MARRIAGE CERTIFICATE
WITH DEATH ANNOTATION**

Name PAULO BOURGES **	CPF 402.165.519-00 **
Name ADENIR FANTE ROITMAN **	CPF 939.373.939-00 **

Registration
129742 01 55 2007 2 00042 200 0009158 55

Full birth names, dates of birth, place of birth, nationality, and filiation of the spouses

PAULO BOURGES, born on January 7, 1961, in Curitiba, Paraná, Brazilian, widower, son of THEODORO BOURGES and MANIZIR BOURGES **

ADENIR FANTE ROITMAN, born on March 4, 1954, in São Paulo, State of São Paulo, Brazilian, divorced, daughter of ARISTIDES FRANCISCO DA SILVA and IZAURA FANTE DA SILVA **

Date of marriage registration (in full) May twenty-sixth, two thousand seven **	Day 26	Month 05	Year 2007
--	-----------	-------------	--------------

Marital property regime

Separation of Property, the Prenuptial Agreement Deed having been executed on 04/26/2007, in Book 538-N, Page 095, at this District Office of Santa Quitéria **

Name each spouse began to use (if changed)

_____ **

Notes / Annotations

The following ANNOTATION appears in the aforementioned Record: Pursuant to notice sent by the District Office of Portão, in Curitiba, Paraná, **the death record of contracting party PAULO BOURGES, who died on 05/23/2023**, was registered on 05/24/2023, in Book C-61, Page 003, under No. 11386. Said notice is filed in this District Office under No. 127, Folder 10. Digital Seal: SFRCIGbmtvsucfm7CffkF407q, annotated on 05/29/2023. Fees: R\$43.05 (VRC 175.00), Seal: R\$9.50, Annotation: R\$8.86 (VRC 36.00), Searches: R\$4.92 (VRC 20.00), FUNDEP: R\$2.84, ISSQN: R\$2.27. Total: R\$71.44 **

Name of the Office

District Office of Santa Quitéria

Registrar

CID ROCHA JUNIOR

City and Judicial District / State

Curitiba - State of Paraná

Address

Avenida Nossa Sra. Aparecida, 305

ZIP Code: 80.440-000 - Phone: (41)3094-9900

The content of this certificate is true. I certify.

Curitiba, Paraná, June 7, 2023.

----//signature//----

DAYANE NAYARA ALVES
CLERK



FUNARPEN BC 04302687 BRP

I, Carolina Favero da Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.



Date: May 25, 2026.

FUNARPEN



SELO DE FISCALIZAÇÃO

SFRC2.jcsE8.s4atv

5vDDD.F407q

<https://selo.funarpen.com.br>REPÚBLICA FEDERATIVA DO BRASIL
REGISTRO CIVIL DAS PESSOAS NATURAISCERTIDÃO DE CASAMENTO
COM ANOTAÇÃO DE ÓBITO

Nome	CPF
PAULO BOURGES **	402.165.519-00 **
Nome	CPF
ADENIR FANTE ROITMAN **	939.373.939-00 **

Matrícula

129742 01 55 2007 2 00042 200 0009158 55

Nomes completos de solteiro, datas de nascimento, naturalidade, nacionalidade e filiações dos cônjuges

PAULO BOURGES, nascido aos 07 de janeiro de 1961, natural de Curitiba-PR, de nacionalidade brasileira, viúvo, filho de THEODORO BOURGES e de MANIZIR BOURGES ****ADENIR FANTE ROITMAN**, nascida aos 04 de março de 1954, natural de São Paulo-SP, de nacionalidade brasileira, divorciada, filha de ARISTIDES FRANCISCO DA SILVA e de IZAURA FANTE DA SILVA **

Data do registro do casamento (por extenso)

Vinte e seis de maio de dois mil e sete **

Dia	Mês	Ano
26	05	2007

Regime de bens do casamento

Separação Legal de Bens, sendo a Escritura de Pacto Antenupcial lavrada no dia 26/04/2007, no livro 538-N, folha 095 neste Serviço Distrital de Santa Quitéria **

Nome que cada um dos cônjuges passou a utilizar (quando houver alteração)

Averbações/Anotações a acrescentar

Consta do referido Assento a seguinte ANOTAÇÃO: Conforme comunicado enviado pelo Serviço Distrital do Portão, em Curitiba/PR, foi registrado em 24/05/2023, no livro C-61, às folhas 003, sob nº 11386, o assento de óbito do contraente PAULO BOURGES, falecido em data de 23/05/2023. Cuja comunicação fica arquivada neste Serviço Distrital sob nº 127, pasta 10.Selo Digital: SFRCIGbmtvsucfm7CffkF407qSelo Digital: SFRCIGbmtvsucfm7CffkF407q, anotado no dia 29/05/2023. Emolumentos: R\$43,05(VRC 175,00) Selo: R\$9,50, Anotação: R\$8,86 (VRC 36,00) Buscas: R\$4,92(VRC 20,00) FUNDEP: R\$2,84, ISSQN: R\$2,27. Total: R\$71,44. **

Nome do Oficial

Serviço Distrital de Santa Quitéria

Oficial Registrador

CID ROCHA JUNIOR

Município e Comarca / UF

Curitiba - Estado do Paraná

Endereço

Av. Nossa Sra. Aparecida, 305

CEP: 80.440-000 - Fone: (41)3094-9900

O conteúdo da certidão é verdadeiro. Dou fé.

Curitiba-PR, 07 de junho de 2023.

DAYANE NAYARA ALVES
ESCREVENTEServiço Distrital de Santa Quitéria
Cid Rocha Jr. - Notário e Registrador CivilLOECY M ROCHA CINTHIA DURSKE DAYANE NAYARA ALVES
LUIZ FELIPE DO ESPIRITO SANTO RAFAELA JOHNKE LANGE
VANIA CATARINA STAFIN VALERIO SILVANA DA SILVA
JESSICA DE OLIVEIRA LEITE MELAINA CRISTINA WESOLOWICZ

ESCREVENTES

Av. Nossa Senhora Aparecida, 305 Sala 13
FONE: (41) 3094-9900 80440-000 CURITIBA PR

 **FUNARPEN**
DIGITAL SEAL No.
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check this seal at
<http://funarpen.com.br>



Validate at www.cartorio.net

FEDERATIVE REPUBLIC OF BRAZIL
CIVIL REGISTRY OF NATURAL PERSONS

MARRIAGE CERTIFICATE

Names

PAULO BOURGES
ADENIR FANTE ROITMAN

REGISTRATION: 129742 01 55 2007 2 00042 200 0009158 55

Full birth names, dates of birth, place of birth, nationality, and filiation of the spouses

PAULO BOURGES, born on January 7, 1961, in Curitiba, Paraná, Brazilian, widower, son of THEODORO BOURGES and MANIZIR BOURGES.

ADENIR FANTE ROITMAN, born on March 4, 1954, in São Paulo, State of São Paulo, Brazilian, divorced, daughter of ARISTIDES FRANCISCO DA SILVA and IZAURA FANTE DA SILVA **

Date of marriage registration (in full)

May twenty-sixth, two thousand seven **

Day

26

Month

05

Year

2007

Marital property regime

Separation of Property, pursuant to Article 1.641 of the Brazilian Civil Code **

Name each spouse began to use (if changed)

----- **

Notes / Annotations

Fees: R\$31.85 (VRC 175.00), FUNARPEN Stamp: R\$2.20 **

Name of the Office

Notary Public Office and Civil Registry of Santa Quitéria

Registrar

CID ROCHA JUNIOR

City and Judicial District / State

Curitiba - State of Paraná

Address

Avenida Nossa Sra. Aparecida, 305

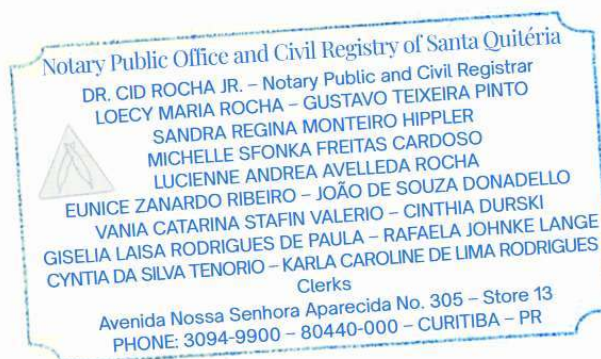
ZIP Code: 80.440-000 - Phone: (41)3094-9900

The content of this certificate is true. I certify.

Curitiba, Paraná, June 21, 2016.

----//signature//----

CINTHIA DURSKE
CLERK



FUNARPEN AA 001061770 P



For the exclusive use of issuing certificates from the Civil Registry of Natural Persons

I, Carolina Favero da Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.



Date: May 25, 2026.



FUNARPEN
SELO DIGITAL Nº
6QWcD.qjhq1.H3GZZ
w8BYE.CK0U
consulte esse selo em
<http://funarpen.com.br>



REPÚBLICA FEDERATIVA DO BRASIL
REGISTRO CIVIL DAS PESSOAS NATURAIS

CERTIDÃO DE CASAMENTO

Nomes

PAULO BOURGES
ADENIR FANTE ROITMAN

Matrícula: 129742 01 55 2007 2 00042 200 0009158 55

Nomes completos de solteiro, datas e locais de nascimento, nacionalidade e filiações dos cônjuges

PAULO BOURGES, nascido aos 07 de janeiro de 1961, natural de Curitiba-PR, de nacionalidade brasileira, viúvo, filho de THEODORO BOURGES e de MANIZIR BOURGES
ADENIR FANTE ROITMAN, nascida aos 04 de março de 1954, natural de São Paulo-SP, de nacionalidade brasileira, divorciada, filha de ARISTIDES FRANCISCO DA SILVA e de IZAURA FANTE DA SILVA **

Data do registro do casamento (por extenso)

Vinte e seis de maio de dois mil e sete **

Dia

26

Mês

05

Ano

2007

Regime de bens do casamento

Separação Legal de Bens, nos termos do artigo 1.641 do Código Civil Brasileiro **

Nome que cada um dos cônjuges passou a utilizar (quando houver alteração)

..... **

Observações / Averbções

Custas: R\$31,85 (VRC 175,00), Selo Funarpen: R\$2,20 **

Nome do Ofício

Tabelionato e Registro Civil de Santa Quitéria

Oficial Registrador

CID ROCHA JUNIOR

Município e Comarca / UF

Curitiba - Estado do Paraná

Endereço

Av. Nossa Sra. Aparecida, 305
CEP: 80.440-000 - Fone: (41)3094-9900

O conteúdo da certidão é verdadeiro. Dou fé.

Curitiba-PR, 21 de junho de 2016.


CINTHIA DURSKI
ESCREVENTE

Tabelionato e Registro Civil de Santa Quitéria

DR. CID ROCHA JR. - Tabelião e Registrador Civil

LOECY MARIA ROCHA - GUSTAVO TEIXEIRA PINTO

SANDRA REGINA MONTEIRO HIPPLER

MICHELLE SFONKA FREITAS CARDOSO

LUCIENNE ANDREA AVELLEDA ROCHA

EUNICE ZANARDO RIBEIRO - JOAO DE SOUZA DONADELLO

VANIA CATARINA STAFIN VALERIO - CINTHIA DURSKI

GISELIA LAISA RODRIGUES DE PAULA - RAFAELA JOHNE LANGE

CYNTHIA DA SILVA TENORIO - KARLA CAROLINE DE LIMA RODRIGUES

Escreventes

Av. Nossa Senhora Aparecida, 305 - Lj. 13

FONE: 3094-9900 - 80440-000 - CURITIBA - PR

FUNARPEN AA 001061770 P



DETALHAMENTO DA MATRÍCULA		Tipo de Serviço Prestado, sendo:		Número do livro	
Matrícula	0018630155 1987 1 0003 050 0000533 31	55: Serviço de Registro Civil das Pessoas Naturais		ffff (0003)	
Padrão	aaaaaabbcc dddd e ffff ggg hhhhhh ii	e (1) Tipo do livro, sendo:		ggg (050)	Número da folha
aaaaa (00188-3)	Código Nacional da Serventia (identificação única do cartório)	1: Livro A (Nascimento) 2: Livro B (Casamento) 3: Livro C (Óbito) 4: Livro D (Registro de Interdição) 5: Livro E (Registro de Tutela) 6: Livro F (Registro de Curatela) 7: Livro G (Registro de Interdição de Testamento)		hhhhhh (0000533)	Número do Termo
bb (01)	Código do Acervo, sendo: 0000: Acervo próprio 0001: Acervo de terceiros incorporados			ii (31)	Dígito Verificador

Uso exclusivo para emissão de certidões de registro civil das pessoas naturais



JARDIM AMÉRICA CIVIL REGISTRY OFFICE OF NATURAL PERSONS
20th SUDISTRICT - SÃO PAULO - CAPITAL

Attn: Adir

Bachelor Valdir Gonçalves

REGISTRAR

ZIP CODE: 05405-100 - RUA TEODORO SAMPAIO, 1121 - SÃO PAULO - PHONE, FAX: 881-9388

MARRIAGE CERTIFICATE

I CERTIFY that, in Marriage Registry Book B-005, on page 288, under number 1479, the marriage record of **VALTER ROITMAN** and **ADENIR FANTE DA SILVA** is registered, contracted on March eighteenth, nineteen seventy-eight (03/18/1978).

He was born in this subdistrict, on July twenty-second, nineteen fifty-one (07/22/1951), occupation: engineer, son of Julio Roitman and Nina Roitman.

She was born in this Capital, Butantã subdistrict, on March fourth, nineteen fifty-four (03/04/1954), occupation: secretary, daughter of Aristides Francisco da Silva and Izaura Fante da Silva.

The contracting party began signing as: **ADENIR FANTE ROITMAN**.

Notes: The parties were married under the partial community property regime.

I further certify that the following appears in the margin of the record: "Annotation: In compliance with the court order of September 29, 1999, signed by Honorable Judge Silvio Vericundo Fernandes Dias of the 1st Family Court of the Judicial District of Curitiba, State of Paraná, this annotation is made to state that, by judgment rendered by the aforementioned Honorable Judge in Case No. 001892/99, of 09/23/1999, which became final and unappealable, the **CONSENSUAL JUDICIAL SEPARATION of Valter Roitman and Adenir Fante Roitman was decreed, with the woman retaining her married name. São Paulo, November 5, 1999.** I, Ricardo Silvio de Souza, authorized clerk, have written and signed this record. (Signed) Ricardo Silvio de Souza."

Nothing further: The above is true and I certify.
São Paulo, November 5, 1999.



-----//Signature//-----

HELENA ARANTES GONÇALVES
DEPUTY CLERK

I notarize the signature of HELENA ARANTES GONÇALVES and I certify.
São Paulo, November 5, 1999.
In witness _____ whereof.

-----//Signature//-----

BACHELOR VALDIR GONÇALVES
REGISTRAR

VALID ONLY WITH THE AUTHENTICITY SEAL

JARDIM AMÉRICA CIVIL REGISTRY OFFICE
RUA TEODORO SAMPAIO 1121, SÃO PAULO / SP
ZIP CODE 05405-100 - PHONE 081-9388
HELENA ARANTES GONÇALVES
Deputy Clerk

JARDIM AMÉRICA CIVIL REGISTRY OFFICE
RUA TEODORO SAMPAIO 1121, SÃO PAULO / SP
ZIP CODE 05405-100 - PHONE 081-9388
BACHELOR VALDIR GONÇALVES
Registrar

Fees	To the State	Registry Service	Apamagis	Total
13.81	0.28	2.76	0.01	16.86

Costs paid via form No. 206/99
Typed by: NLF / M.M.B.



I, Carolina Favero da Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.



Date: May 22, 2026.



OFICIAL DE REGISTRO CIVIL DAS PESSOAS NATURAIS DO JARDIM AMÉRICA
20º SUBDISTRITO - SÃO PAULO - CAPITAL

a/c Adir Bel. Valdir Gonçalves
OFICIAL

CEP: 05405-100 - RUA TEODORO SAMPAIO, 1.121 - SÃO PAULO - TEL. FAX: 881-9388

CERTIDÃO DE CASAMENTO

CERTIFICO que, no livro B-005 de registros de casamentos, às fls. 288, sob número 1479, consta o assento do casamento de: VALTER ROITMAN com ADENIR FANTE DA SILVA, contraído no dia dezoito de março de mil novecentos e setenta e oito (18/03/1978).

Ele, nascido neste subdistrito, no dia vinte e dois de julho de mil novecentos e cinquenta e um (22/07/1951), profissão engenheiro, filho de Julio Roitman e de Nina Roitman.

Ela, nascida nesta Capital, subdistrito Butantã, no dia quatro de março de mil novecentos e cinquenta e quatro (04/03/1954), profissão secretária, filha de Aristides Francisco da Silva e de Izaure Fante da Silva.

A contraente passou a assinar: ADENIR FANTE ROITMAN.

Observações: Casaram-se sob o regime da comunhão parcial de bens.

Certifico mais que, à margem do termo consta o seguinte: "Averbação: Em cumprimento ao mandado datado de 29 de setembro de 1999, assinado pelo Doutor Silvio Vericundo Fernandes Dias, MM. Juiz de Direito da 1ª Vara de Família da Comarca de Curitiba, Estado do Paraná, é feita a presente para constar que, por sentença proferida pelo referido MM. Juiz de Direito, nos autos nº 001892/99, datada de 23/09/1999, que transitou em julgado, foi decretada a SEPARAÇÃO JUDICIAL CONSENSUAL do casal Valter Roitman e Adenir Fante Roitman, permanecendo a mulher com o seu nome de casada. São Paulo, 05 de novembro de 1999. Eu, Ricardo Silvio de Souza, escrevente autorizado, escrevi e subscrevo. (a) Ricardo Silvio de Souza".

Nada mais. O referido é verdade e dou fé.
São Paulo, 05 de novembro de 1999.

20º Jardim
América

Helena Arantes Gonçalves
HELENA ARANTES GONÇALVES
ESCREVENTE SUBSTITUTA

Reconheço a firma supra de HELENA ARANTES GONÇALVES e dou fé.
São Paulo, 05 de novembro de 1999.
Em testemunho da verdade.

Bel. Valdir Gonçalves
BEL. VALDIR GONÇALVES
OFICIAL

VÁLIDO SOMENTE COM O SELO DE AUTENTICIDADE

Emols.	Ao Estado	Cart.Serv.	Apamagis	Total
13,81	2,28	2,76	0,01	16,86

Custas recolhidas pela guia nº 206/99

Digitado por: NLF / M.M.B

REGISTRO CIVIL DO JARDIM AMÉRICA
RUA TEODORO SAMPAIO, 1121 - SÃO PAULO/SP
CEP 05405-100 - PABX 081-9388
HELENA ARANTES GONÇALVES
Escrevente Substituta

REGISTRO CIVIL DO JARDIM AMÉRICA
RUA TEODORO SAMPAIO, 1121 - SÃO PAULO/SP
CEP 05405-100 - PABX 081-9388
BEL. VALDIR GONÇALVES



Exhibit 5 - Evidence of Current Residence of Petitioner and Beneficiary



April 2026
Account Statement

Cash App
1955 Broadway, Suite 600
Oakland, CA 94612

Alexandre Roitman
58-252 Kamehameha Highway Apartment A
Haleiwa, HI 96712

Balance on Apr 1

\$5,052.41

-

Change this month

\$3,109.61

=

Balance on Apr 30

\$1,942.80

Money In + \$9,087.00

Money Out - \$12,196.61

Fees \$0.00



Telefônica Brasil S/A
AL MIGUEL BLASI 51 STORE 01 BLOCK 38 LOT 15 Centro
ZIP Code: 86010-070 - Londrina - Paraná
State Registration (I.E.): 9015982664 CNPJ: 02558157051824

Invoice No.: 2039458626-0
Customer Code: 8999 2603 3439

REFERENCE MONTH: 05/2026

ADENIR FANTE
DR. LAURO WOLFF VALENTE - 155 - ADVANCE BUILDING - Floors 4 to 11 - 155 PORTAO
81070-010 Curitiba - PR

DUE DATE	AMOUNT DUE (R\$)
05/15/2026	156.46
☒ AUTOMATIC DEBIT ☐ DIGITAL INVOICE deroitman@hotmail.com	

YOUR BILL SUMMARY

(FROM 03/27/2026 TO 04/26/2026)

Contracted Plan/Monthly Services	Amount (R\$)
Internet + Digital and Technical Services	
VIVO Fibra 200 Mega Empresas	152.28
Digital Services	-
Other Digital Services	
Apontador Business	4.18
Subtotal	156.46
Total amount due	156.46

Transparency is one of our priorities. Therefore, we inform you that there are no outstanding debts under the contract mentioned in this bill for Vivo home services, for the period from 01/2025 to 12/2025. This notice is exclusive to this contract and does not include settlement of installment plans, services provided but not yet billed, debts under judicial or administrative dispute, charges for services from other operators included in your Vivo bill, among others not covered by Law No. 12.007/2009.



YOUR VIVO NUMBERS

Landline: (41) 3229-1816 (If you have additional lines, check the details in the Vivo App)



IMPORTANT

When making the payment, check that your name, address, and phone numbers appear on the payment slip. You can also access your invoice through the Vivo App.

For detailed information about your invoice, access the Vivo App. The detailed statement is also available at www.vivo.com.br/meuvivo and can be requested in printed form, either permanently or temporarily. If you still have questions, call our Customer Service Center at 103 15 or access www.vivo.com.br/faleconosco. For people with speech or hearing disabilities: 142.

Failure to pay this invoice will result in cancellation of the service.

Check your bill details in the Vivo App

Through the app, you can also:

- Activate Digital Invoice and receive your bill by email every month
- Take advantages of the benefits of Vivo Valoriza



CONTACT US

You can do it through the **Vivo App**, via WhatsApp at 11 99915-1515, or by calling 10315. If you have speech or hearing disabilities, call 142.

Important: Keep your payment up to date and avoid service suspension and inclusion in credit protection agencies. For payments made after the due date, a 2% fee and 1% monthly interest will be charged in the next invoice. Compensation for service outages is provided in accordance with Anatel Resolutions No. 717/2019 and 765/2023. Anatel Customer Service Center: 1331 (General) and www.anatel.gov.br. For Vivo customer service appeals, call 10315 with your protocol number in hand, and 142 for people with speech/hearing disabilities. (146) Legal Entity BL / 122 / Vivo Fibra 200 Mega Empresas

Detach here

AUTOMATIC DEBIT FROM CHECKING ACCOUNT
Bank: Nubank, Branch: 0001

Mechanical Authentication



ADENIR FANTE

Due date

05/15/2026

Total Amount Due (R\$)

156.46

Automatic Debit Code

Customer Code

Invoice Number

Reference Month

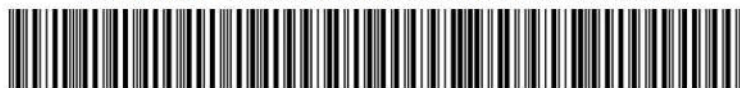
899926033439-1

899926033439

2039458626-0

05/2026

84630000001 1 56460082089 3 99260334392 0 03945862699 9



Pay
via Pix



PAGE 1/2



Telefônica Brasil S/A
AL MIGUEL BLASI 51 STORE 01 BLOCK 38 LOT 15 Centro
ZIP Code: 86010-070 - Londrina - Paraná
State Registration (I.E.): 9015982664 CNPJ: 02568157051824
Supplementary Document for the Invoice of Electronic Communication Services

NAME: ADENIR FANTE
ADDRESS: RUA DR. LAURO WOLFF VALENTE-155-
ADVANCE BUILDING - A 155
NEIGHBORHOOD: PORTAO
ZIP CODE: 81070-010 Curitiba - Paraná

CPF/CNPJ: 939.373.939-00
STATE REGISTRATION:

CUSTOMER CODE: 899926033439
PRIMARY PHONE: (41) 3229-1816
PERIOD: 03/27/2026 to 04/26/2026

REFERENCE MONTH: 05/2026

DUE DATE: 05/15/2026

TOTAL AMOUNT DUE: 156.46



Access the Invoice Here

No. NFCOM 717329 - SERIES 007 / ISSUE DATE: 05/01/2026
Consult using the Access Key at:
[https://dfe-portal.svrs.rs.gov.br/nfcom/qrcode?](https://dfe-portal.svrs.rs.gov.br/nfcom/qrcode?chNFCom=41260502558157051824620070007173291070859870&tpAmb=1)
Access key:
4126 0502 5581 5705 1824 6200 7000 7173 2910 7085 9870
Authorization Protocol: 3412600107608572 - 05/01/2026 12:21:34 PM

IMPORTANT MESSAGE FOR YOU

INVOICE ITEMS	UNIT	QTY	UNIT PRICE (R\$)	DISCOUNT (R\$)	AMOUNT (R\$)	ICMS BASE (R\$)	ICMS RATE	ICMS (R\$)	PIS/COFINS (R\$)	FCP RATE	FCP (R\$)
VIVO Fibra200 Mega Empresas GT11 FSP	unit	1	196.88	-59.83	137.05	137.05	19.50%	26.72	4.02	0.00%	0.00
Apontador Business	unit	1	20.90	-16.72	4.18	0.00	0.00%	0.00	0.39	0.00%	0.00
Protege Empresas 300GB	unit	1	15.23	0.00	15.23	0.00	0.00%	0.00	1.40	0.00%	0.00

TOTAL INVOICE AMOUNT 156.46
TAX BASE 137.05
ICMS AMOUNT 26.72
FCP AMOUNT 0.00
EXEMPT AMOUNT 19.41
OTHER AMOUNT 0.00

TAX INFORMATION

TAX	AMOUNT (R\$)
PIS	1.02
COFINS	4.79
FUST	1.06
FUNTEL	0.53

RESERVED FOR TAX AUTHORITIES

ADDITIONAL INFORMATION

Contribution to FUST of 1.00% Law No. 9.998/2000 and FUNTEL of 0.50% Law No. 10.052/2000 on the value of Communication and Telecommunications services - not passed on in the service tariffs.

*Glossary:

ICMS: Tax on Circulation of Goods and Services
FCP: Poverty Eradication Fund
FUNTEL: Telecommunications Technological Development Fund
FUST: Telecommunications Services Universalization Fund
PIS / COFINS: Social Integration Program / Contribution for Social Security Financing

Mechanical Authentication

Detach here

Automatic Debit Code

Customer Code

Reference Month

899926033439-1

899926033439

05/2026

84630000001 1 56460082089 3 99260334392 0 03945862699 9



Pay
via Pix



I, Carolina Favero da Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.



Date: May 26, 2026.



Telefônica Brasil S/A
AL MIGUEL BLASI 51 LOJA 01 QUADRA38 LOTE 15 Centro
CEP: 86010-070 - Londrina - PR
I.E.: 9015982664 CNPJ: 02558157051824

Nº da Fatura: 2039458626-0
Código Cliente: 8999 2603 3439

MÊS REFERÊNCIA: 05/2026

ADENIR FANTE
DR. LAURO WOLFF VALENTE-155-ED ADVANCE-AN 4 AO 11 155 PORTAO
81070-010 Curitiba - PR

VENCIMENTO	VALOR A PAGAR (R\$)
15/05/2026	156,46
☒ DÉBITO AUTOMÁTICO	
☐ FATURA DIGITAL	
deroitman@hotmail.com	

RESUMO DA SUA CONTA (DE 27/03/2026 A 26/04/2026)	
Plano Contratado / Serviços Mensais	Valor (R\$)
Internet + Serviços Digitais e Técnicos	
VIVO Fibra 200 Mega Empresas	152,28
Serviços Digitais	-
Outros Serviços Digitais	
Apontador Business	4,18
Subtotal	156,46
Total a Pagar	156,46

Ser transparente é uma das nossas prioridades, por isso, informamos que não existem débitos pendentes no seu contrato mencionado nesta conta, dos serviços Vivo para sua casa, no período de 01/2025 a 12/2025. Esse comunicado é exclusivo para este contrato, não inclui quitações de parcelamentos, serviços prestados e não faturados, débitos discutidos judicial e administrativamente, de cobranças de serviços de outras operadoras que ocorrem na sua fatura Vivo, entre outras que não estejam mencionadas na Lei 12.007/2009.



SEUS NÚMEROS VIVO
Tel. Fixo: (41) 3229-1816 (Caso você tenha mais linhas, consulte o detalhamento no App Vivo)



IMPORTANTE
Ao realizar o pagamento, confira se o seu nome, endereço e números de telefone aparecem no boleto. Você também pode acessar sua fatura no App da Vivo.
Para informações detalhadas da sua fatura acesse o App Vivo. O detalhamento também está disponível em www.vivo.com.br/meuvivo e pode ser solicitado impresso, de forma permanente ou não. Caso ainda tenha dúvidas, ligue para nossa Central de Relacionamento no 103 15 ou acesse www.vivo.com.br/faleconosco. Pessoas com necessidades especiais de fala e audição: 142.
A falta de pagamento desta fatura implicará no cancelamento do serviço.

Veja o detalhamento da sua conta no App Vivo

- Pelo aplicativo, você também pode:
- Ativar a Fatura Digital e receber a sua conta por e-mail todo mês
 - Aproveitar os benefícios do **Vivo Valoriza**



FALE COM A GENTE
Pode ser pelo App Vivo, pelo WhatsApp 11 99915-1515 ou ligando para 10315. Se você tem necessidades especiais de fala/audição, ligue para 142.

Importante: mantenha o pagamento em dia e evite a suspensão dos serviços e a inclusão nos órgãos de proteção de crédito. Para pagamentos após o vencimento serão cobrados encargos de 2% e juros de 1% ao mês em conta futura. O ressarcimento por inoperância é realizado em conformidade com as Resoluções da Anatel nº 717/2019 e 765/2023. Central de Atendimento Anatel: 1331 (Geral) e www.anatel.gov.br. Recurso de atendimento VIVO, ligue com o protocolo em mãos para 10315 e 142 para pessoas com necessidades especiais de fala/audição, (146) PJ BL / 122 / Vivo Fibra 200 Mega Empresas

Destaque Aqui

DÉBITO AUTOMÁTICO EM CONTA CORRENTE
Banco: NUBANK, Agência: 0001

Autenticação Mecânica



ADENIR FANTE

Vencimento

Total a Pagar (R\$)

15/05/2026

156,46

Cód. Débito Automático

Código Cliente

Nº da Fatura

Mês Referência

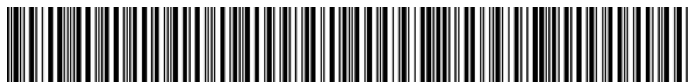
899926033439-1

899926033439

2039458626-0

05/2026

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Pagar
via Pix



PÁGINA: 1/2



Telefônica Brasil S/A
AL MIGUEL BLASI 51 LOJA 01 QUADRA38 LOTE 15 Centro
CEP: 86010-070 - Londrina - PR
I.E.: 9015982664 CNPJ: 02.558.157/0518-24
Documento Auxiliar da Nota Fiscal de Fatura de Serviço de Comunicação Eletrônica

NOME: ADENIR FANTE
ENDEREÇO: R. DR. LAURO WOLFF VALENTE-155-
ED ADVANCE-A 155
BAIRRO: PORTAO
CEP: 81070-010 Curitiba - PR

CPF/CNPJ: 939.373.939-00
INSCRIÇÃO ESTADUAL:

CÓDIGO CLIENTE: 899926033439
TELEFONE PRINCIPAL: (41) 3229-1816
PERÍODO: 27/03/2026 a 26/04/2026

MÊS DE REFERÊNCIA: 05/2026

VENCIMENTO: 15/05/2026

TOTAL A PAGAR: 156,46



Acesse aqui a Nota Fiscal

Nº NFORM 717329 - SÉRIE 007/DATA DE EMISSÃO: 01/05/2026
Consulte pela Chave de Acesso em:
[https://dfe-portal.svs.rs.gov.br/nfcom/grCode?](https://dfe-portal.svs.rs.gov.br/nfcom/grCode?chNFCom=41260502558157051824620070007173291070859870&lpAmb=1)
Chave de acesso:
4126 0502 5581 5705 1824 6200 7000 7173 2910 7085 9870
Protocolo de Autorização: 3412600107608572 - 01/05/2026 12:21:34

MENSAGEM IMPORTANTE PARA VOCÊ

ITENS DA FATURA	UN	QTD	PREÇO UNIT (R\$)	DESC. (R\$)	VALOR (R\$)	BASE ICMS (R\$)	ALIQ. ICMS	ICMS (R\$)	PIS/COFINS (R\$)	ALIQ. FCP	FCP (R\$)
VIVO Fibra 200 Mega Empresas GT11 FSP	un	1	196,88	-59,83	137,05	137,05	19,50%	26,72	4,02	0,00%	0,00
Apontador Business	un	1	20,90	-16,72	4,18	0,00	0,00%	0,00	0,39	0,00%	0,00
Protege Empresas 300GB	un	1	15,23	0,00	15,23	0,00	0,00%	0,00	1,40	0,00%	0,00

VALOR TOTAL NF 156,46
BASE DE CÁLCULO 137,05
VALOR ICMS 26,72
VALOR FCP 0,00
VALOR ISENTO 19,41
VALOR OUTROS 0,00

INFORMAÇÕES DOS TRIBUTOS

TRIBUTOS	VALOR (R\$)
PIS	1,02
COFINS	4,79
FUST	1,06
FUNTTTEL	0,53

RESERVADO AO FISCO

INFORMAÇÕES COMPLEMENTARES

Contribuição para o FUST 1,00% Lei nº 9.998/2000 e FUNTTTEL 0,50% Lei nº 10.052/2000 sobre o valor dos serviços de Comunicação e Telecomunicações - não repassados nas tarifas.

Autenticação Mecânica

Destaque Aqui

Cod Débito Automático

Nº da Conta

Mês Referência

899926033439-1

899926033439

05/2026

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Pagar
via Pix



**Exhibit 6 - Petitioner
Alexandre Roitman's
Marital History
Documents**

CERTIFICATION OF VITAL RECORD

SAN JOSE, CALIFORNIA

MUST BE LEGIBLE - MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS
USE DARK INK ONLY

LOCAL REGISTRATION NUMBER

STATE NUMBER		USE DARK INK ONLY		LOCAL REGISTRATION NUMBER	
1A. NAME OF GROOM - FIRST ALEXANDRE			1B. MIDDLE -		
1C. CURRENT LAST ROITMAN			1D. LAST NAME AT BIRTH (IF DIFFERENT THAN 1C)		
2. DATE OF BIRTH (MM/DD/YYYY) 01/22/1979	3. STATE/COUNTRY OF BIRTH BRAZIL	4. # PREV. MARRIAGES/ BRID 0	5A. LAST MARRIAGE/BRID ENDED BY: ☐ DEATH ☐ DISB ☐ ANNULMENT ☐ TERM SRCD ☒ NA		5B. DATE ENDED (MM/DD/YYYY)
6. ADDRESS 58-024 KAPUAI PLACE		7. CITY HALEIWA	8. STATE/COUNTRY HI		9. ZIP CODE 96712
10A. FULL BIRTH NAME OF FATHER/PARENT VALTER ROITMAN			10B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY) BRAZIL		
11A. FULL BIRTH NAME OF MOTHER/PARENT ADEMR FANTE DA SILVA			11B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY) BRAZIL		
12A. NAME OF BRIDE - FIRST MARILYN			12B. MIDDLE ROCHELLE		
12C. CURRENT LAST REEVES-WOELFFEL			12D. LAST NAME AT BIRTH (IF DIFFERENT THAN 12C)		
13. DATE OF BIRTH (MM/DD/YYYY) 11/06/1981	14. STATE/COUNTRY OF BIRTH CA	15. # PREV. MARRIAGES/ BRID 0	15A. LAST MARRIAGE/BRID ENDED BY: ☐ DEATH ☐ DISB ☐ ANNULMENT ☐ TERM SRCD ☒ NA		15B. DATE ENDED (MM/DD/YYYY)
17. ADDRESS 58-024 KAPUAI PLACE		18. CITY HALEIWA	19. STATE/COUNTRY HI		20. ZIP CODE 96712
21A. FULL BIRTH NAME OF FATHER/PARENT WILLIAM MICHAEL WOELFFEL			21B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY) CA		
22A. FULL BIRTH NAME OF MOTHER/PARENT ELAINE MARY REEVES			22B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY) CA		
WE, THE UNDERSIGNED, AN UNMARRIED MAN AND UNMARRIED WOMAN, DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF. WE FURTHER DECLARE THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR TO THE ISSUANCE OF A LICENSE IS KNOWN TO US. WE ACKNOWLEDGE RECEIPT OF THE INFORMATION REQUIRED BY FAMILY CODE SECTION 308 AND HEREBY APPLY FOR A LICENSE AND CERTIFICATE OF MARRIAGE.					
23. SIGNATURE OF GROOM <i>Alexandre Roitman</i>			24. SIGNATURE OF BRIDE <i>Marilyn Reeves</i>		
THE UNDERSIGNED, OR HERETOFOR CERTIFY THAT THE ABOVE-NAMED PARTIES TO BE MARRIED HAVE PERSONALLY APPEARED BEFORE ME, OR THE PERSON PERFORMING THE CEREMONY HAS PERSONALLY APPEARED BEFORE ME AND PRESENTED AN AFFIDAVIT SIGNED BY THE PARTIES TO BE MARRIED DECLARING THAT ONE OR BOTH OF THE PARTIES ARE PHYSICALLY UNABLE TO APPEAR AND EXPLAINING THE REASONS THEREFOR IN ACCORDANCE WITH FAMILY CODE SECTION 406. THE PARTIES PROVED TO ME ON THE BASIS OF SATISFACTORY EVIDENCE TO BE THE PERSONS CLAIMED, HAVE DECLARED THAT THEY MEET ALL OF THE REQUIREMENTS OF THE LAW, AND HAVE PAID THE FEES PRESCRIBED BY LAW. AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSONS DULY AUTHORIZED TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF CALIFORNIA TO SOLEMNIZE THE MARRIAGE OF THE ABOVE-NAMED PERSONS. RESIDENCE, COHABITATION AND APPLICABILITY FOR THE ISSUANCE OF THIS LICENSE ARE ON FILE.					
25A. ISSUE DATE (MM/DD/YYYY) 03/17/2008		25B. EXPIRES AFTER (MM/DD/YYYY) 06/15/2008	25C. NAME OF COUNTY CLERK REGINA ALCOMENDRAS		25D. SIGNATURE OF CLERK OR DEPUTY CLERK <i>[Signature]</i>
25E. MARRIAGE LICENSE NUMBER 292250		25F. COUNTY OF ISSUE SANTA CLARA	25G. RETURN COMPLETED MARRIAGE LICENSE TO (INCLUDE ADDRESS): 70 W. Hedding St., San Jose, Ca. 95110		
26A. SIGNATURE OF WITNESS <i>[Signature]</i>			26B. NAME OF PERSON WITNESSING MARRIAGE (TYPE OR PRINT CLEARLY) THIAGO ROITMAN		
26C. ADDRESS (CITY, STATE/COUNTRY, AND ZIP CODE) 2418 Aikane Pl, HAiku, HI, 96708					
27A. SIGNATURE OF WITNESS <i>[Signature]</i>			27B. NAME OF PERSON WITNESSING MARRIAGE (TYPE OR PRINT CLEARLY) Britney Reeves-Woelffel		
27C. ADDRESS (CITY, STATE/COUNTRY, AND ZIP CODE) 111 Saratoga Ave #2206 Santa Clara CA 95051					
I, THE UNDERSIGNED, DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA, THAT THE ABOVE-NAMED BRIDE AND GROOM WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF CALIFORNIA. NOTE: THE MARRIAGE CEREMONY MUST TAKE PLACE IN THE STATE OF CALIFORNIA.					
28A. DATE OF MARRIAGE (MM/DD/YYYY) 03/22/2008		28B. CITY/TOWN OF MARRIAGE Los Gatos		28C. COUNTY OF MARRIAGE Santa Clara	
28A. SIGNATURE OF PERSON SOLEMNIZING MARRIAGE <i>Josephine Teresi</i>			28B. RELIGIOUS DENOMINATION (IF CLERGY) Non-denominational Minister		
28C. NAME OF PERSON SOLEMNIZING MARRIAGE (TYPE OR PRINT CLEARLY) Josephine Teresi			28D. OFFICIAL TITLE Minister		
28E. ADDRESS (CITY, STATE/COUNTRY, AND ZIP CODE) 1555 Merrill Street, #153, Santa Cruz, CA 95062					
30A. NAME OF LOCAL REGISTRAR REGINA ALCOMENDRAS			30B. SIGNATURE OF CLERK OR DEPUTY CLERK <i>[Signature]</i>		30C. DATE ACCEPTED FOR REGISTRATION MAR 25 2008

STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH, OFFICE OF VITAL RECORDS

VS-117 (01/01/98)

CERTIFIED COPY OF VITAL RECORD

STATE OF CALIFORNIA
COUNTY OF SANTA CLARA

88

I, Regina Alcomendras, Santa Clara County Clerk-Recorder, do hereby certify that this is a true and exact reproduction of the document officially registered in my office.

Witness my hand and official seal this 1 day of 25 12.

Witness my hand and official seal this 25 day
of March 2008

This copy not valid unless prepared on engraved border displaying seal and signature of Deputy County Clerk-Recorder.

PBNC0 (R15) 1106

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



R01106686

REGINA RECOMENDRAS,
COUNTY CLERK-RECORDER



Electronically Filed
FIRST CIRCUIT
1FDV-25-0002384
30-MAR-2026
11:57 AM
Dkt. 27 DDW

STATE OF HAWAII FAMILY COURT FIRST CIRCUIT	CASE ID/NUMBER 1FDV-25-2384
DIVORCE DECREE With Minor and/or Dependent Child(ren)	
Marilyn Rochelle Roitman v. Alexandre Roitman	Plaintiff, Defendant.
Presiding Judge's Name KYLE T. DOWD	This document is prepared by [☒] Self-Represented [☒] Plaintiff [☐] Defendant [☐] Attorney for [☐] Plaintiff [☐] Defendant Marilyn Rochelle Roitman Name (and if applicable, Attorney No.) 56-436 Kamehameha Hwy Address Kahuku, HI 96731 City, State, Zip Code 808-386-6079 Telephone/Cell No. marilynroitman@gmail.com E-Mail Address
Date of Hearing/Review by Judge FEBRUARY 11, 2026	
A hearing was held before the Presiding Judge or an affidavit was submitted and the Court waived hearing on this matter. After full consideration of the evidence, the Court finds the material allegations of the Complaint for Divorce to be true. Plaintiff is entitled to a divorce from the bonds of matrimony. The Court has jurisdiction to enter this Divorce Decree. IT IS HEREBY ORDERED, ADJUDGED, AND DECREED that: 1. Decree A decree is granted to [☒] Plaintiff [☐] Defendant. The bonds of matrimony between Plaintiff and Defendant are hereby dissolved. The parties are restored to the status of single persons. Either party is permitted to marry after the effective date of this Divorce Decree.	



2. Effective Date

This Divorce Decree is effective after it is signed and filed by the Court.

3. Alimony

☒ 3A. Neither party shall be required to pay alimony to the other party.

☐ 3B. Beginning with a first payment on the _____ day of (Month/Year) _____

☐ Plaintiff ☐ Defendant shall pay ☐ Plaintiff ☐ Defendant alimony of \$ _____

per month to be paid:

☐ in one installment of \$ _____ on or before the _____ day of each month.

☐ in two equal installments of \$ _____ on or before the _____ and _____ days of each month.

Alimony shall continue for _____ months and terminate with the payment due _____
(Month/Day/Year)

Alimony shall terminate upon the death of either Plaintiff or Defendant.

Alimony ☐ shall ☐ shall not terminate upon the recipient's remarriage.

4. Child(ren)

☐ 4A. Plaintiff and Defendant have no child(ren) together.

☒ 4B. Plaintiff and Defendant 2 (how many) child(ren) together who is/are under age 18.

Name (First, Middle, Last)

Birthdate

C.K.R.

2014

K.J.R.

2022

5. Custody

5A. **Legal Custody** of the above-named minor child(ren) is/are

☒ Awarded to ☐ Plaintiff ☐ Defendant ☒ Plaintiff and Defendant jointly

☐ Reserved for a court of competent jurisdiction.

(continues on next page)

5. Custody (continued)

5B. Physical Custody of the above-named minor child(ren) is/are

☒ Awarded to:

☒ Plaintiff ☐ Defendant with a detailed visitation/time sharing schedule to:

☐ Plaintiff ☒ Defendant as described in paragraph 6B.

☐ Plaintiff and Defendant jointly with a detailed visitation/time sharing schedule as described in Paragraph 6B.

☐ Reserved for a court of competent jurisdiction.

6. Visitation/Time Sharing Schedule

☐ 6A. The parties shall arrange reasonable visitation.

☒ 6B. The visitation/time sharing schedule shall be as follows:

As set forth in the parties' Parenting Plan and Divorce Agreement attached hereto as Exhibit "1"

☐ 6C. Supervised visitation shall be as follows:

☐ 6D. There shall be no visitation until further order of the Family Court.

7. Unless specified in paragraph 23 of this Decree, Plaintiff and Defendant shall keep each other informed of their residence addresses and telephone numbers for so long as any child of the parties is a minor and for so long thereafter as there is a child support order.

8. Child Support

☐ 8A. No child support is ordered based on the following exceptional circumstance(s):

☒ 8B. Beginning with the first payment on the 1 day of (Month/Year) January 2026
☐ Plaintiff ☒ Defendant shall pay ☒ Plaintiff ☐ Defendant for support of the
following child(ren): (Names) C.K.R. and K.J.R.

in the amount of \$ 1644 per child, for a total of \$ 3288 per month.

☐ 8C. Child Support is reserved for a court of competent jurisdiction.

8D. Payments of child support shall continue for each child until the child attains the age of 18 years, or graduates from high school, or discontinues high school, whichever occurs last. Child support shall further continue uninterrupted (including during regular school vacation periods) until the age of 23 years as long as the child continues the child's post-high school education on a full-time basis at an accredited college or university or a vocational or trade school.

8E. The Child Support Enforcement Agency (CSEA) is made a party for the limited purpose of child support.

9. Method of Child Support Payment (Check either 9A OR 9B.)

☐ 9A. All payments shall be made payable to and through the Child Support Enforcement Agency (CSEA), P.O. Box 1860, Honolulu, Hawai'i, 96805-1860, and pursuant to the Order/Notice to Withhold Income for Support which shall be filed with this Divorce Decree.

☒ 9B. Direct Payment

In all direct payment cases, either Plaintiff or Defendant may void the direct payment arrangement at any time and apply for services from the CSEA to receive payments through the agency. If the child(ren) of the parties receive(s) public assistance from the Department of Human Services (DHS), foster care payments, or Social Security, or if either parent applies to the CSEA, CSEA may immediately void a direct payment arrangement by sending notice by regular mail to both parents at their addresses as set forth in this Divorce Decree.

☐ Child support payments shall be paid by Plaintiff directly to Defendant.

☒ Child support payments shall be paid by Defendant directly to Plaintiff.

10. Post High School Education Support

- ☐ 10A. Plaintiff shall pay ____% and Defendant shall pay ____% of the educational expenses of the child(ren) for so long as the child(ren) is/are a full-time student(s) at an accredited college University or vocational or trade school and under the age of 23.
- ☐ 10B. For payment of expenses related to the child(ren) attending private school, see paragraph 23.
- ☒ 10C. For these purposes, educational expenses shall be defined to include tuition, fees, and the cost of necessary books and other course materials.
- ☒ 10D. Reserved for future court determination.

11. Child Health Care: For so long as Plaintiff or Defendant has an obligation to pay child support and/or educational support:

- 11A. ☒ Plaintiff ☐ Defendant shall pay maintain medical and dental insurance for the benefit of the children.
- 11B. ☒ Plaintiff ☒ Defendant shall pay the medical and dental expenses of the child(ren) not paid by insurance up to \$_____ per calendar year. Any additional medical and dental expenses not covered by insurance shall be paid 50% by Plaintiff and 50% by Defendant.

12. Life Insurance for the Benefit of Child(ren)

- ☐ 12A. ☐ Plaintiff ☐ Defendant shall maintain life insurance on his/her life with a minimum death benefit of \$_____ for the benefit of the child(ren) so long as there is a child support and/or educational support obligation.
- ☐ 12B. If Plaintiff or Defendant dies without the required insurance, Plaintiff's or Defendant's estate shall be liable to the child(ren) to the extent that the required insurance was not maintained. Such obligation on the part of Plaintiff's or Defendant's estate shall be accorded the highest possible priority.

13. All provisions in paragraphs 3, 5, 6, 7, 8, 9, 10, 11, and 12 are subject to further order of the court.

14. Bank Accounts (Savings, Checking, etc.), Credit Union Accounts, and Securities

- ☐ 14A. There are none.
- ☐ 14B. Each is awarded those titled in their name alone.
- ☒ 14C. Plaintiff is awarded:

As set forth in the parties' Parenting Plan and Divorce Agreement attached hereto as Exhibit "1"

(continues on next page)

14. Bank Accounts (Savings, Checking, etc.), Credit Union Accounts, and Securities (continued)

☒ 14D. Defendant is awarded:

As set forth in the parties' Parenting Plan and Divorce Agreement attached hereto as Exhibit "1"

15. Vehicles (Autos, Trucks, Motorcycles, Trailers, Campers, Boats, etc.)

☐ 15A. There are none.

☐ 15B. Each party is awarded the vehicles titled in their name alone.

☒ 15C. Plaintiff is awarded:

As set forth in the parties' Parenting Plan and Divorce Agreement attached hereto as Exhibit "1"

☒ 15D. Defendant is awarded:

As set forth in the parties' Parenting Plan and Divorce Agreement attached hereto as Exhibit "1"

☒ 15E. Necessary transfer documents shall be signed no later than ten (10) days following the filing of this Divorce Decree. If either party fails to do so, the Director of Finance of the City and County of Honolulu is authorized and directed to transfer the ownership of the vehicle(s) if requested to do so.

16. Real Property

☐ 16A. Neither party owns any interest of any kind in any real property.

☒ 16B. The real property shall be divided as follows:

As set forth in the parties' Parenting Plan and Divorce Agreement attached hereto as Exhibit "1"

17. Life Insurance

- ☐ 17A. There is none.
- ☐ 17B. Each party is awarded the life insurance policy/policies now held on his/her life, together with any cash value therein and subject to any debt thereon.
- ☒ 17C. The life insurance policies shall be divided as follows:
As set forth in the parties' Parenting Plan and Divorce Agreement attached hereto as Exhibit "1"

18. Retirement Accounts/Benefits:

- ☐ 18A. There are none.
- ☐ 18B. Each party shall keep their own.
- ☒ 18C. The retirement accounts/benefits of the parties shall be divided as follows:
As set forth in the parties' Parenting Plan and Divorce Agreement attached hereto as Exhibit "1"

19. All Other Assets: (Personal Belongings, Furniture, Household Effects, Art, Stamps, Coins, Tools, Equipment, Jewelry, Accounts Receivable, Investment Assets, Business Assets, Cemetery Plots or Niches, Tax Refunds Due, etc.)

- ☐ 19A. There are no other assets
- ☒ 19B. Each party is awarded the personal belongings and the household effects in his/her possession.
- ☒ 19C. Plaintiff is awarded:
As set forth in the parties' Parenting Plan and Divorce Agreement attached hereto as Exhibit "1"

(continues on next page)

19. All Other Assets: (continued)

☒ 19D. Defendant is awarded:

As set forth in the parties' Parenting Plan and Divorce Agreement attached hereto as Exhibit "1"

20. All Outstanding Debts

☐ 20A. There are no joint debts.

☒ 20B. Each party shall pay all of the credit card and other debt, if any, now in his/her name alone.

☒ 20C. Plaintiff shall pay:

As set forth in the parties' Parenting Plan and Divorce Agreement attached hereto as Exhibit "1"

☒ 20D. Defendant shall pay:

As set forth in the parties' Parenting Plan and Divorce Agreement attached hereto as Exhibit "1"

21. Name Change

☐ 21A. Plaintiff shall resume the use of his/her legal

☐ middle and last name used prior to any marriage or

☐ middle and last name used during any prior marriage [HRS §574-5(a)(2)(B)(i)]

and shall be known hereafter as: (First, Middle, and Last Name)

☐ 21B. Defendant shall resume the use of his/her

☐ middle and last name used prior to any marriage or

☐ middle and last name used during any prior marriage [HRS §574-5(a)(2)(B)(i)]

and shall be known hereafter as: (First, Middle, and Last Name)

☒ 22. **Supplemental Order.** There is a supplemental order filed concurrently with this Divorce Decree.

[X] 23. **Other:** It is the parties intent that the attached Parenting Plan and Divorce Agreement, Exhibit "1," shall be incorporated into this Divorce Decree as it reflects the full scope of their settlement agreements.

[X] 24. **Failure of Party to Perform:** If either party fails to execute any document in compliance with this Decree, the other party may submit a motion to the Court, requesting that the Court appoint the Chief Clerk of the Court to execute said document on behalf of the non-compliant party. Said motion may be done without further notice to the non-compliant party. Such execution by the Clerk shall have the same effect as if executed by the non-compliant party.

[X] 25. The Automatic Restraining Order shall be vacated upon the entry of this Divorce Decree pursuant to section 580-10.5 of the Hawai'i Revised Statutes.

Date **MARCH 30, 2026**

Judge's Signature

Kapolei, Hawai'i

Print Judges Name

KYLE T. DOWD



APPROVED AS TO FORM AND CONTENT:

X

Signature of Plaintiff

Date Plaintiff Signed Decree: _____

Social Security No.: XXX-XX- 4465

Address: 56-436 Kamehameha Hwy

Kahuku, HI 96731

Employer's Name and Address:

Ono Yo, LLC

56-505 Kamehameha Hwy

Kahuku, HI 96731

X

Signature of Defendant

Date Defendant Signed Decree: _____

Social Security No.: XXX-XX- 3192

Address: 977 Prospect Place

Honolulu, HI 96822

Employer's Name and Address:

Alex Roitman, LLC

58-252 A Kamehameha Hwy

Haleiwa, HI 96712

APPROVED AS TO FORM:

Signature of Attorney for Plaintiff

Print Attorney's Name: _____

Signature of Attorney for Defendant

Print Attorney's Name: _____



If you need an accommodation for a disability when participating in a court program, service, or activity, please contact the ADA Coordinator as far in advance as possible to allow time to provide an accommodation: Call the ADA Coordinator of the First Circuit Family Court Office at (808)954-8200, fax (808)954-8308, or send an e-mail to adarequest@courts.hawaii.gov. The ADA Coordinator will work to provide, but cannot guarantee your requested auxiliary aid, service, or accommodation.

Please call the Family Court Service Center at (808)954-8290 if you have any questions about forms or procedures.

Exhibit 7 - Additional Family Relationship Evidence



FEDERATIVE REPUBLIC OF BRAZIL

3rd CIVIL REGISTRY OFFICE AND 15th NOTARY PUBLIC OFFICE

Bachelor Mônica Maria Guimarães de Macedo Dalla Vecchia
Designated Registrar and Notary Public

NOTARY PUBLIC OFFICE
GUIMARÃES DE MACEDO

Book A-035

Page 240

Entry 027357

BIRTH CERTIFICATE

Name

PRISCILLA ROITMAN

Registration

080457 01 55 1980 1 00035 240 0027357 34

Date of birth in full March thirty-first, nineteen eighty **		Day 31	Month 03	Year 1980
Time of birth 12:00 PM	City of birth and state Curitiba - Paraná **			
City of registration and state Curitiba - Paraná **		Place of birth Hospital Santa Cruz **		Sex Female
Filiation VALTER ROITMAN ** ADENIR FANTE ROITMAN **				
Grandparents Paternal: JULIO ROITMAN ** and NINA ROITMAN ** Maternal: ARISTIDES FRANCISCO DA SILVA ** and IZAURA FANTE DA SILVA **				
Twin No	Name and registration of the twin(s) **			
Date of registration in full April first, nineteen eighty **		Number of live birth certificate -----		
Notes / Annotations No record. Fees: R\$18.37, FUNARPEN Stamp: R\$1.00 (Law 13.228/2001) **				
Name of the Office 15th Notary Public Office of Curitiba				
Registrar Bachelor Mônica Maria Guimarães de Macedo Dalla Vecchia				
City / State Curitiba - State of Paraná				
Address Rua José Loureiro, No. 711 ZIP Code: 80.010-000 - Phone: (41)3027-0405				

The content of this certificate is true. I certify.

Curitiba - Paraná, March 19, 2010.

---//signature//---

Luís Arnaldo Cordeiro
Sworn Clerk



I, Carolina Favero da Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.



Date: June 17, 2026.



REPÚBLICA FEDERATIVA DO BRASIL

3º REGISTRO CIVIL E 15º TABELIONATO DE NOTAS

Bel. Mônica Maria Guimarães de Macedo Dalla Vecchia
Registradora e Notária Designada

TABELIONATO
GUIMARÃES DE MACEDO

Livro A-035

Folha 240

Termo 027357

CERTIDÃO DE NASCIMENTO

Nome

PRISCILLA ROITMAN

Matrícula

080457 01 55 1980 1 00035 240 0027357 34

Data do nascimento por extenso
Trinta e um de março de um mil e novecentos e oitenta **

Dia
31

Mês
03

Ano
1980

Hora
12h 00min

Município do nascimento e unidade de federação
Curitiba-PR **

Município de registro e unidade de federação
Curitiba-PR **

Local de nascimento
Hospital Santa Cruz **

Sexo
Feminino

Filiação
VALTER ROITMAN **
ADENIR FANTE ROITMAN **

Avós
Paternos: JULIO ROITMAN **
e NINA ROITMAN **
Maternos: ARISTIDES FRANCISCO DA SILVA **
e IZAURA FANTE DA SILVA **

Gêmeo
Não

Nome do(s) gêmeo(s)
----- **

Data do registro por extenso
Primeiro de abril de um mil e novecentos e oitenta **

Número da D.N.V.

Observações / Averbações
Nada consta. Custas: R\$18,37, Selo Funarpen: R\$1,00 (Lei 13.228/2001). **

Nome do Ofício
15º Tabelionato de Notas de Curitiba

Oficial Registrador
Bel. Mônica Maria Guimarães de Macedo Dalla Vecchia

Município / UF
Curitiba - Estado do Paraná

Endereço
Rua José Loureiro, n.º 711
CEP: 80.010-000 - Fone: (41)3027-0405

O conteúdo da certidão é verdadeiro. Dou fé.

Curitiba-PR, 19 de março de 2010.

Luís Arnaldo Cordeiro
Escrevente Juramentado



I, Carolina Favero da Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.



Date: May 25, 2026.



REPÚBLICA FEDERATIVA DO BRASIL
REGISTRO CIVIL DAS PESSOAS NATURAIS

Documento assinado digitalmente conforme MP nº 2200-2/2001 que instituiu a Infraestrutura de Chaves Públicas Brasileira (ICP-BRASIL)



CERTIDÃO DE NASCIMENTO

NOME
THIAGO ROITMAN

GPF		
SEM INFORMAÇÃO		
MATRÍCULA		
080457 01 55 1985 1 00088 366 0063966 66		
DATA DE NASCIMENTO (POR EXTENSO)	DIA	MÊS
DOZE DE FEVEREIRO DE UM MIL E NOVECENTOS E OITENTA E CINCO	12	02
ANO	1985	
HORA DE NASCIMENTO	NATURALIDADE	
07:55	CURITIBA-PR	
MUNICÍPIO DE REGISTRO E UNIDADE DA FEDERAÇÃO	LOCAL: MUNICÍPIO DE NASCIMENTO E UF	SEXO
CURITIBA-PR	MATERNIDADE NOSSA SENHORA DE FÁTIMA CURITIBA-PR	MASCULINO
FILIAÇÃO		
VALTER ROITMAN E ADENIR FANTE ROITMAN,		
AVÓS		
JULIO ROITMAN, NINA ROITMAN, ARISTIDES FRANCISCO DA SILVA E IZAURA FANTE DA SILVA		
GÊMEOS	NOME E MATRÍCULA DOS GÊMEOS	
NÃO		
DATA DO REGISTRO (POR EXTENSO)	NÚMERO DA DNV/DECLARAÇÃO DE NASCIDO VIVO	
TREZE DE FEVEREIRO DE UM MIL E NOVECENTOS E OITENTA E CINCO	SEM INFORMAÇÃO	
AVERBAÇÕES / ANOTAÇÕES À AGRESCER		
NADA CONSTA.		
ANOTAÇÕES DE CADASTRO		
SEM INFORMAÇÕES.		

Certidão lavrada por PAOLA MICHELLE SFAIR - Escrevente do Registro Civil das Pessoas Naturais de Curitiba - 3º Serviço, o(a) qual assinou eletronicamente aos 22 de Novembro de 2024, nos termos do Provimento nº 149/2023 do Conselho Nacional de Justiça

O conteúdo da certidão é verdadeiro. Dou fé

Certidão emitida em 22 de Novembro de 2024

Este é um documento público eletrônico, emitido nos termos do Artigo 228-F do Código Nacional de Normas da Corregedoria Nacional de Justiça do Conselho Nacional de Justiça - Foro Extrajudicial (CNN/ CN/CNJ-Extra) - Provimento 149, só tendo validade em formato digital, vedado a sua reprodução

Oficial de Registro Civil das Pessoas Naturais
Curitiba - 3º Serviço - PR
LUIZ GABRIEL LARA MULLER - Oficial
Rua XV de Novembro, 1234 - Centro - CEP: 80060-000
E-mail: registrocivil@15tabelionatocuritiba.com.br
Tel: (41) 31491503

Validação do atributo da assinatura digital
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CORREGEDORIA GERAL DE JUSTIÇA
Selo Digital: SFRC2Wcvh8sMjzjNRaemF383q
Consulte selo em
http://funarpen.com.br

CERTIFICATE OF LIVE BIRTH

STATE OF HAWAII
DEPARTMENT OF HEALTH



CERTIFICATE NO. 151 2014 - 007123

CHILD'S NAME
CHLOE KA'IULANI ROITMAN

DATE OF BIRTH
May 12, 2014

HOURL OF BIRTH
11:23 PM

SEX
FEMALE

CITY, TOWN OR LOCATION OF BIRTH
HONOLULU

ISLAND OF BIRTH
OAHU

COUNTY OF BIRTH
HONOLULU

MOTHER'S MAIDEN NAME
MARILYN ROCHELLE REEVES-WOELFFEL

MOTHER'S RACE
CAUCASIAN, PORTUGUESE

MOTHER'S STATE/COUNTRY OF BIRTH
CALIFORNIA

FATHER'S NAME
ALEXANDRE ROITMAN

FATHER'S RACE
CAUCASIAN, PORTUGUESE

FATHER'S STATE/COUNTRY OF BIRTH
BRAZIL

DATE FILED BY REGISTRAR
May 20, 2014

AMENDMENT

11/21/2014 FATHER'S RACE AMENDED FROM: CAUCASIAN, ITALIAN, ISRAELI, PORTUGUESE TO: CAUCASIAN, PORTUGUESE, BY AFFIDAVIT SIGNED BY THE MOTHER.

ANY ALTERATIONS INVALIDATE THIS CERTIFICATE

CERTIFICATE OF LIVE BIRTH

STATE OF HAWAII
DEPARTMENT OF HEALTH



CERTIFICATE NO. **151 2022 - 002566**

CHILD'S NAME
Kai Jack Roitman

DATE OF BIRTH
March 3, 2022

HOUR OF BIRTH
5:28 PM

SEX
MALE

CITY, TOWN OR LOCATION OF BIRTH
Honolulu

ISLAND OF BIRTH
OAHU

COUNTY OF BIRTH
HONOLULU

MOTHER'S MAIDEN NAME
Marilyn Rochelle Reeves-Woelffel

MOTHER'S RACE
English, German, Irish, Portuguese

MOTHER'S STATE/COUNTRY OF BIRTH
CALIFORNIA

FATHER'S NAME
Alexandre Roitman

FATHER'S RACE
Italian, Portuguese, Romanian

FATHER'S STATE/COUNTRY OF BIRTH
BRAZIL

DATE FILED BY REGISTRAR
March 11, 2022

OHSM 1.2 (Rev.10/14) LASER

This copy serves as prima facie evidence of the fact of birth in any court proceeding. [HRS 338-13(b), 338-19]

2592543

ANY ALTERATIONS INVALIDATE THIS CERTIFICATE