

Exhibit list

Exhibits:

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Joao Lucas Passport

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Privacy Act Statement. In accordance with 28 CFR Section 16.41(d) personal data sufficient to identify the individuals submitting requests by mail under the Privacy Act of 1974, 5 U.S.C. Section 552a, is required. The primary purpose for the collection of the information on this form is to ensure that the records of individuals who are the subject of U.S. Department of Justice systems of records are not wrongfully disclosed by the Department. The authority by which information is collected on this form is 5 U.S.C. § 552 and 5 U.S.C. § 552a(a), as well as 28 CFR Section 16.41(d). Any information you provide may also be disclosed pursuant to a "routine use" under the Privacy Act of 1974, 5 U.S.C. § 552a, listed in a DOJ System of Records Notice, which may include: JUSTICE/DOJ-004 Freedom of Information Act, Privacy Act, and Mandatory Declassification Review Records (CMS) for the Department of Justice, available at <https://www.justice.gov/opcl/doj-systems-records#DOJ>. Your disclosure of information to the Department of Justice on this form is voluntary. If you do not complete all or some information fields in this form, however, the Department of Justice may not be able to effectively respond to your request. False information on this form may subject the requester to criminal penalties under 18 U.S.C. § 1001 and/or 5 U.S.C. § 552a(i)(3).

Public reporting burden for this collection of information is estimated to average 0.50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Suggestions for reducing this burden may be submitted to the Office of Information and Regulatory Affairs, Office of Management and Budget, Public Use Reports Project (1103-0016), Washington, DC 20503.

Full Name of Requester ¹ Joao Lucas Rocha Silveira

Citizenship Status ² N/A Social Security Number ³ N/A

Current Address 5556 East Stevenson Court - Inverness, FL 34452

Date of Birth 02/27/2003 Place of Birth Brazil

OPTIONAL: Authorization to Release Information to Another Person

This form is also to be completed by a requester who is authorizing information relating to himself or herself to be released to another person. Further, pursuant to 5 U.S.C. Section 552a(b), I authorize the U.S. Department of Justice to release any and all information relating to me to:

Print or Type Name

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct, and that I am the person named above, and I understand that any falsification of this statement is punishable under the provisions of 18 U.S.C. Section 1001 by a fine of not more than \$10,000 or by imprisonment of not more than five years or both, and that requesting or obtaining any record(s) under false pretenses is punishable under the provisions of 5 U.S.C. 552a(i)(3) by a fine of not more than \$5,000.

Signature ⁴ Joao Silveira Date 05/10/26

¹ Name of individual who is the subject of the record(s) sought.

² Individual submitting a request under the Privacy Act of 1974 must be either "a citizen of the United States or an alien lawfully admitted for permanent residence," pursuant to 5 U.S.C. Section 552a(a)(2). Requests will be processed as Freedom of Information Act requests pursuant to 5 U.S.C. Section 552, rather than Privacy Act requests, for individuals who are not United States citizens or aliens lawfully admitted for permanent residence.

³ Providing your social security number is voluntary. You are asked to provide your social security number only to facilitate the identification of records relating to you. Without your social security number, the Department may be unable to locate any or all records pertaining to you.

⁴ Signature of individual who is the subject of the record sought.

Part C. Parent or Guardian Information

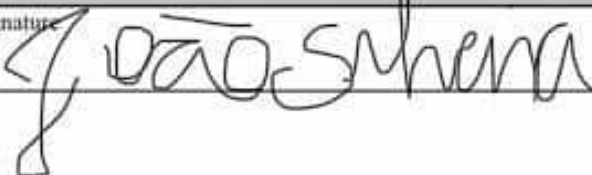
You must complete this part if you are the parent or guardian of the Subject of Record and you are completing this form on behalf of the Subject of Record.

1. Date of Birth (mm/dd/yyyy) N/A	2. Place of Birth N/A	
3. Current Address		
Street Number and Name N/A	Apartment Number or Unit Number (if any) N/A	
City and State or Province N/A	Country N/A	Zip Code (if any) N/A
4. Relation to Subject of Record: N/A		
<input type="checkbox"/> By checking this box, I understand that 28 C.F.R. § 16.41 requires that I attach proof of my relationship to the subject of the record if I am requesting a copy of a Record of Proceeding or requesting copies of records under the Freedom of Information Act or the Privacy Act.		

Part D. Signature of Noncitizen, Subject of Record, or Parent or Guardian of Subject of Record

By my signature below, unless otherwise specified above, I consent to EOIR releasing any and all information relating to me to the above-named Recipient. This consent will allow the Recipient to receive and/or examine potentially sensitive information and documents. If filing this request on my own behalf, I also consent to pay all costs incurred for search, duplication, and review of documents up to \$25.

I further declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct, and that I am the person named in Part A above, and I understand that any falsification of this statement is punishable under the provisions of 18 U.S.C. § 1001 by a fine of not more than \$10,000 or by imprisonment of not more than five years or both.

1. Signature 	2. Date 01/10/26
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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**



54640548

YE640548



José Loucos Rocha Silveira

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

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. 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.

É recomendável que o brasileiro residente no exterior, ou de passagem por região conturbada, matricule-se na Embaixada ou no Consulado do Brasil mais próximo. Impossibilitado 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 a 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 de 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 da autorização 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.

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

BRA

CASA DA MOEDA DO BRASIL

BRA

582786MR



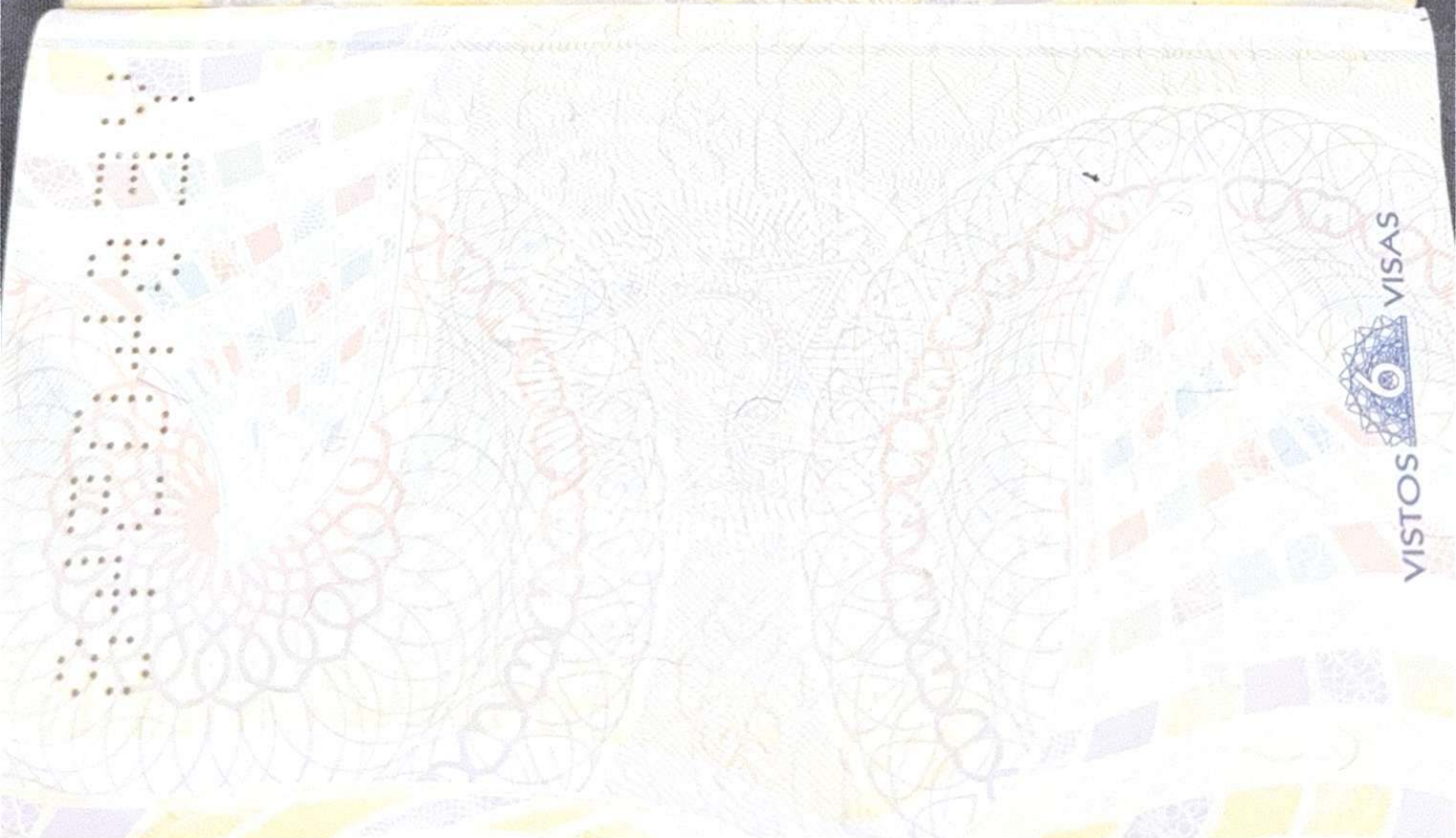
CONSULADO-GERAL DO BRASIL EM ORLANDO

CONCEDIDO EM SUBSTITUIÇÃO AO PASSAPORTE EXTRAVIADO Nº GC569629 VÁLIDO ATÉ 03/06/2031.

FILIAÇÃO/PARENTS: CÉLIO SILVEIRA
ANA KÉZIA ALMEIDA ROCHA SILVEIRA

PAGOU
R\$-Ouro 120,00
US 20,00
TEC 1.01.01.000.005
YE64L348

07 JUN/JUN 2023
RAFAEL DE SÁ ANDRADE
OFICIAL DE CHANCELARIA





VISTOS **9** VISAS

VISTOS **8** VISAS

VISTOS 10

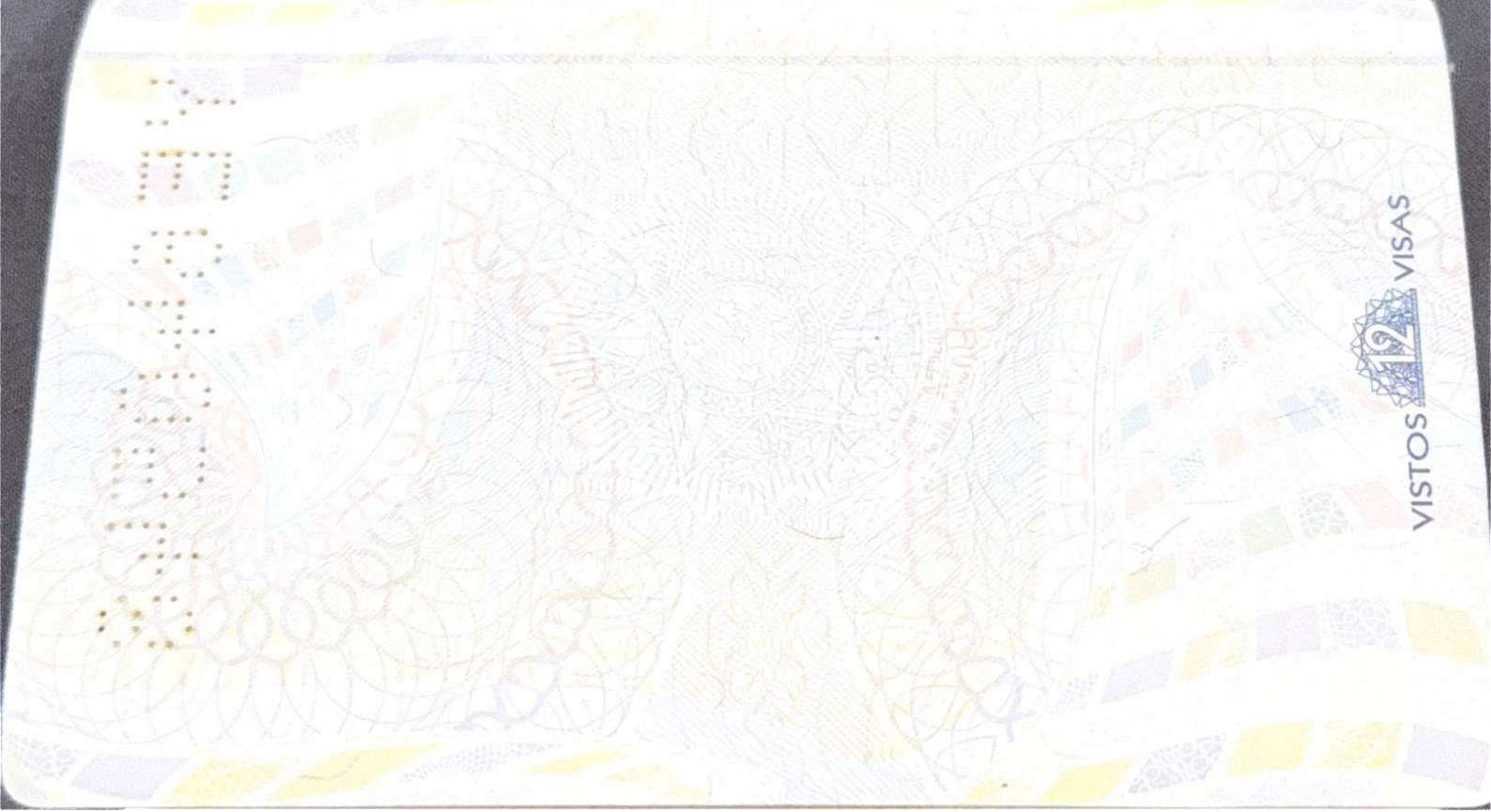
VISTOS 10 VISAS

VISTOS 11

VISTOS 11 VISAS



VISTOS **13** VISAS



VISTOS **12** VISAS

VISTOS **15** VISAS

VISTOS **14** VISAS

VISTOS **17** VISAS

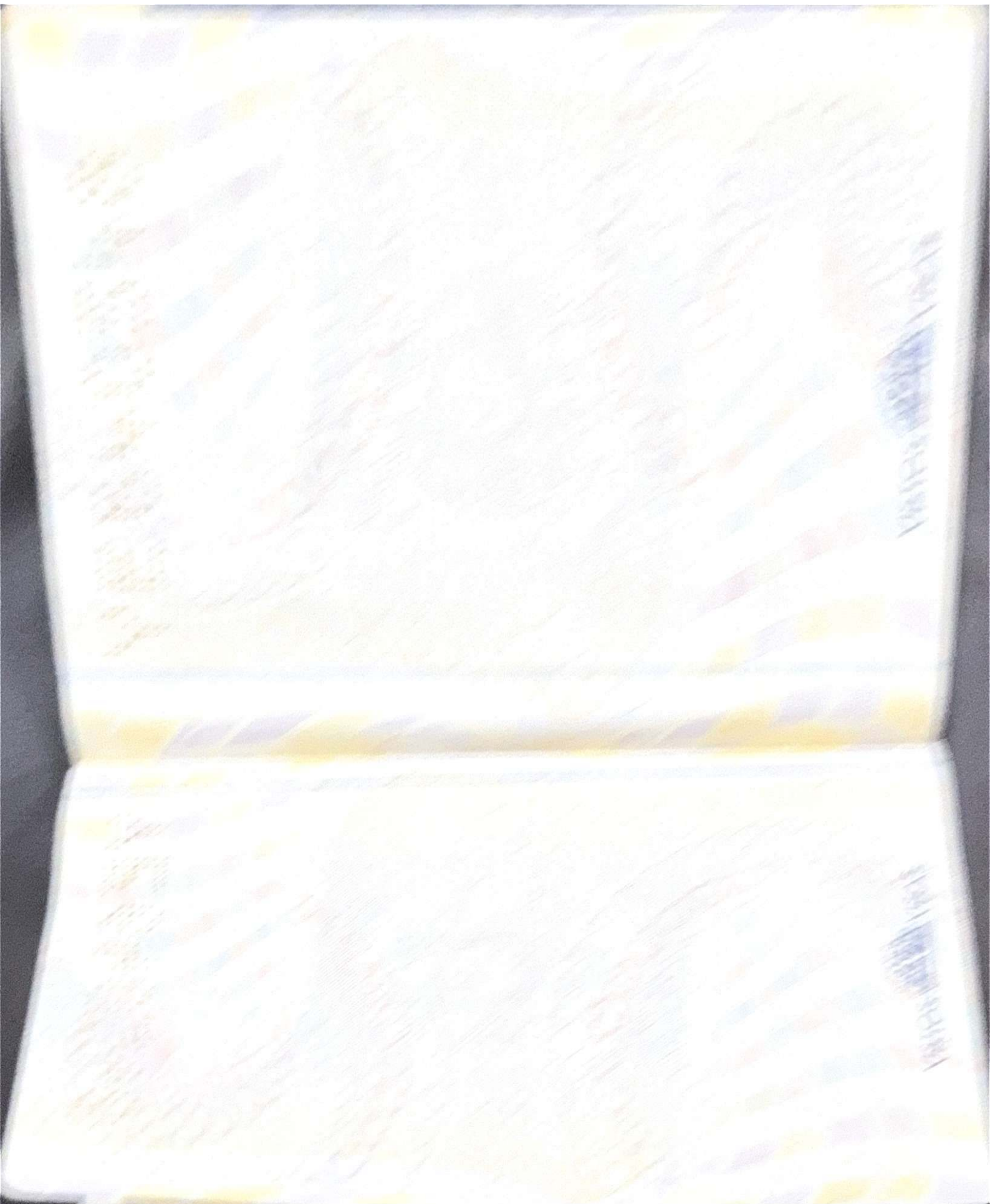
VISTOS **16** VISAS



VISTOS 19 VISAS

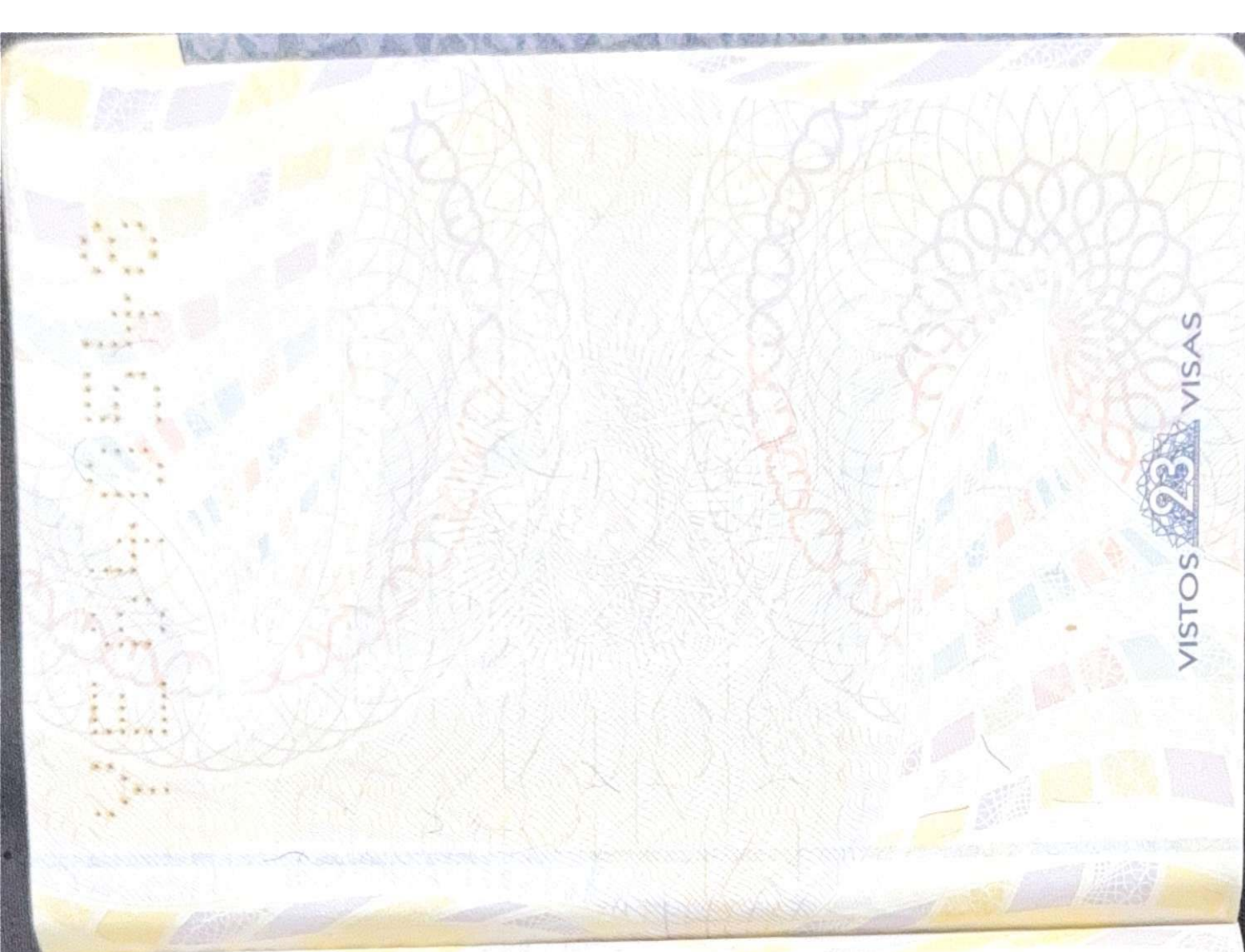


VISTOS 18 VISAS

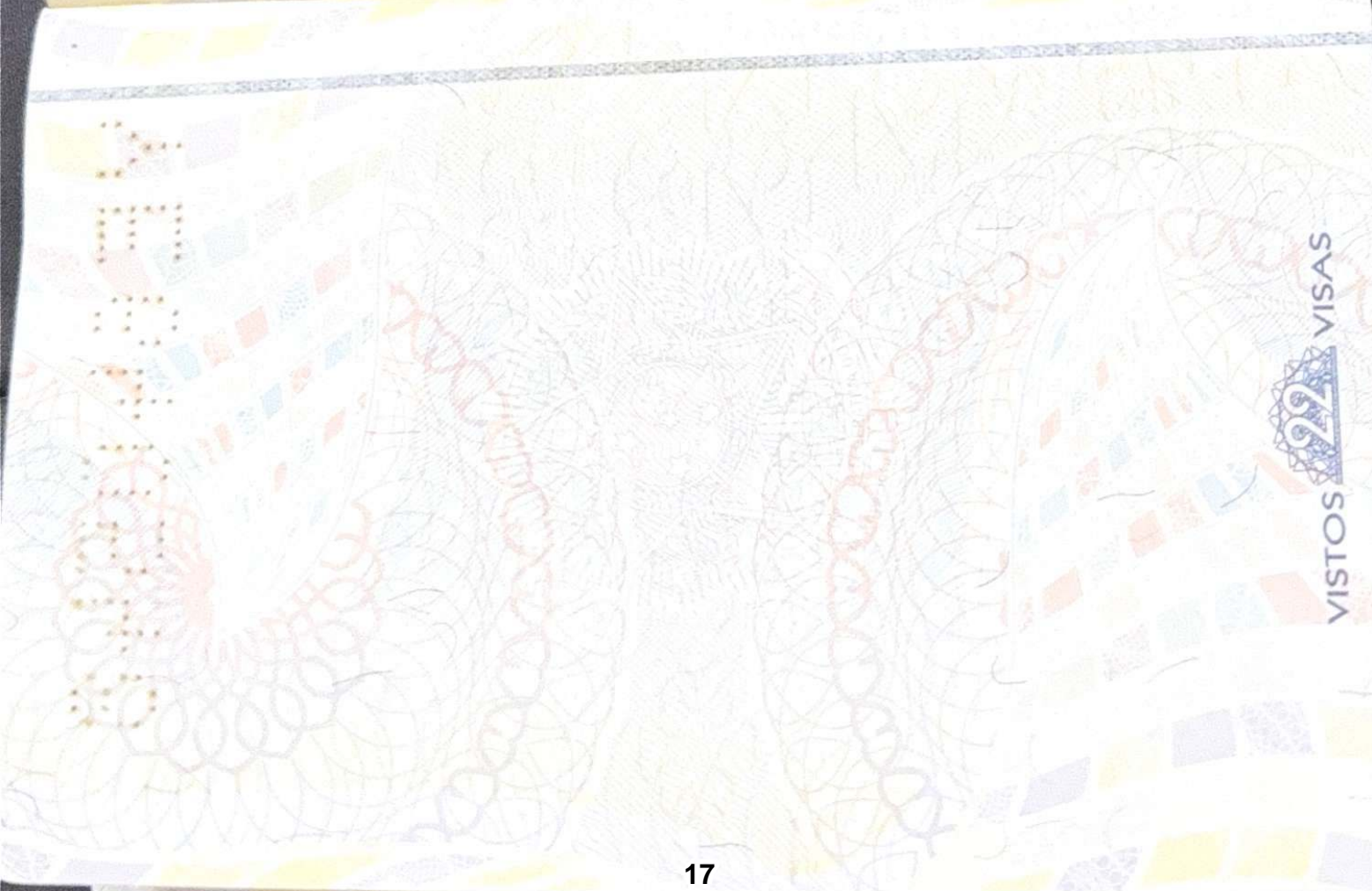


VISTOS **21** VISAS

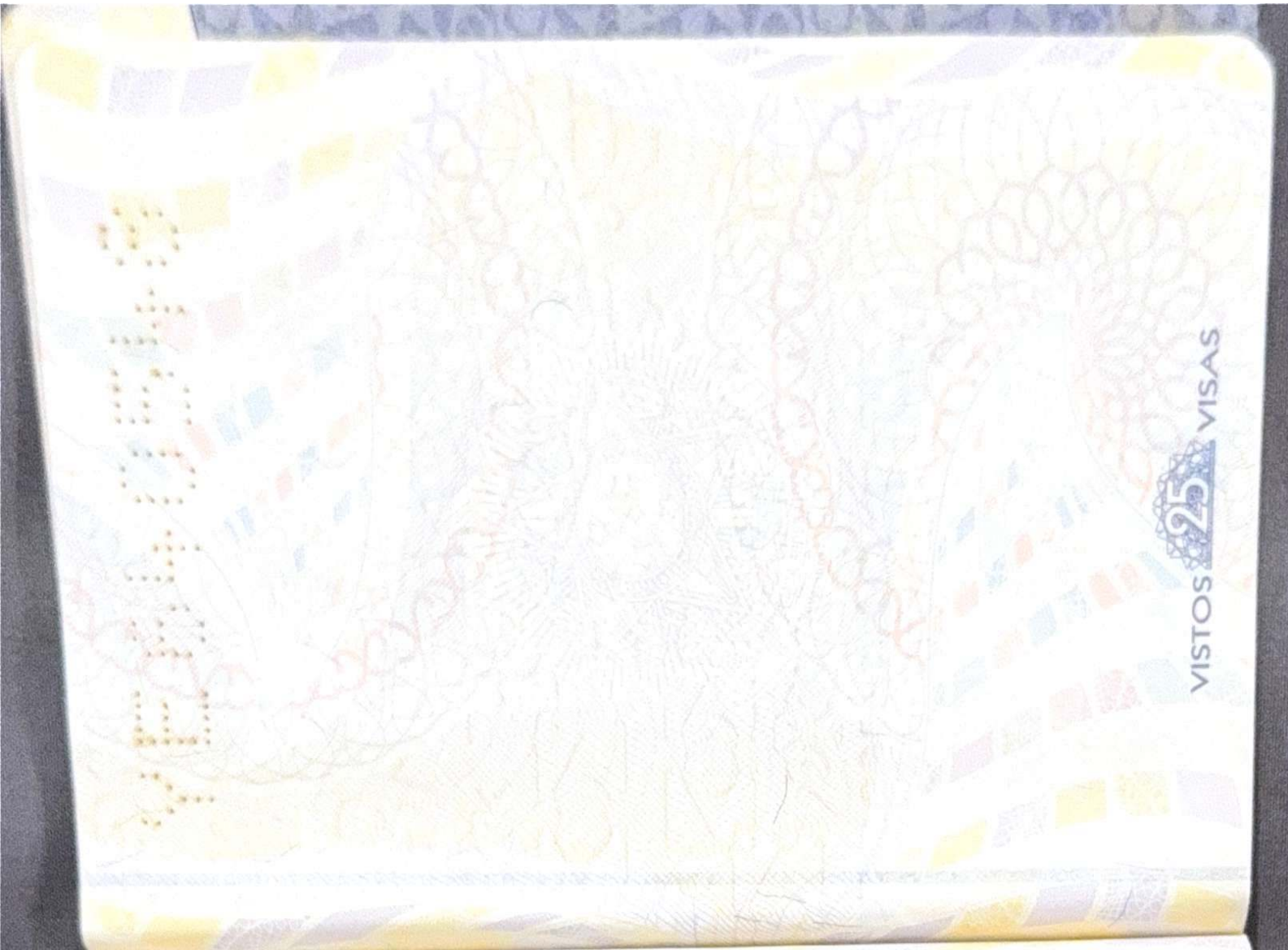
VISTOS **20** VISAS



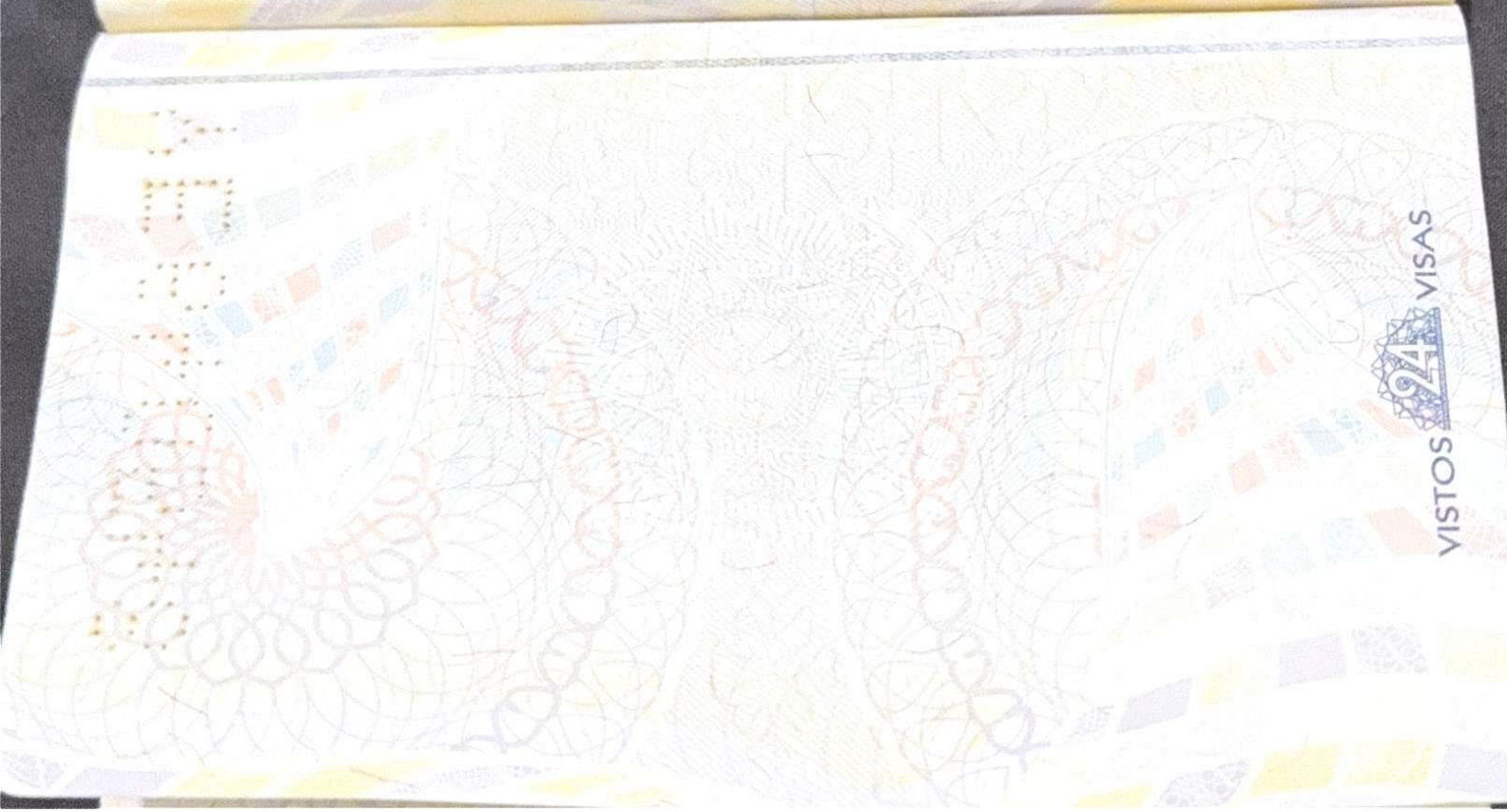
VISTOS 93 VISTOS



VISTOS 92 VISTOS



VISTOS **25** VISAS



VISTOS **24** VISAS

VISTOS **27** VISAS

VISTOS **26** VISAS

VISTOS **29** VISAS

VISTOS **28** VISAS

VISTOS **31** VISAS

VISTOS **30** VISAS

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:	_____

Em caso de acidente, avisar a Embaixada ou o Consulado do Brasil mais próximo e a 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:	_____



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 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.

NÃO GRAMPEAR OU CARIMBAR ESTA PÁGINA

NE PAS AGRAPER 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

Executive Office for Immigration Review

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Request Submitted Successfully

An email notification with the request tracking number has been sent to the email address provided in your requester profile. To view your request history click on the link below or use the navigations options in the toolbar above.

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PRIVACY ACT STATEMENT

The information collected by the Executive Office for Immigration Review (EOIR) through FOIAXpress and the Public Access Link (PAL) is authorized by 5 U.S.C. § 552 and 5 U.S.C. § 552a. Specifically, 5 U.S.C. § 552 authorizes the collection of information, records, and related correspondence on individuals who have submitted requests for records to an agency. The Privacy Act, 5 U.S.C. § 552a(d), authorizes the collection of information, records, and related correspondence on individuals who have submitted requests under the provisions of the Privacy Act for records about themselves.

The information solicited by FOIAXpress and the PAL is voluntary for individuals who wish to submit requests for records. EOIR may not be able to respond to your request or locate responsive records if you fail to provide certain information, such as names, A-numbers, or a date range for the records search. EOIR will use this information to search for records responsive to your requests, track FOIA and Privacy Act requests, manage requestor fees and payments where applicable, correspond with requestors, and provide responsive documents to requestors. EOIR uses the information collected by FOIAXpress and the PAL for authorized routine uses, including sharing with other federal government agencies and courts, as provided in the following System of Records Notices (SORNs) or their successors: JUSTICE/ DOJ-004, Freedom of Information Act, Privacy Act, and Mandatory Declassification Review Records, and EOIR-001, Records and Management Information System. These SORNs can be found on the Department of Justice's website at <https://www.justice.gov/opcl/doj-systems-records>.

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