2002 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L0000011578							FI	LED			
ALLIAN	ICE INVEST LLC	<i></i>			02	HAY -	7 PM	2: 02			
Principal Place of Business Mailing Address					-	SE	CRETA	RY OF S	TATE		
SOU SERVICES AG. ALFRED ESCHERSTR B POSTFACH CH 9027 ZURICH SWITZERLAND CC/O KILPATRICK STOCKTON 1100 PEACHTREE ST STE 200 ATLANTA GA 30309					SECRETARY OF STATE TALLAHASSEE, FLORIBA~ • •						•
Principal Place of Business Mailing Address											
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE							
City & State		City & State		4. FEI Nur	nber	APPLIE	D-FOR	*	Applied For Not Applicabl	e	
Zip	Country	Zip	Country		5. Certifica	ate of S	tatus Desire	d 🗆	\$5.00 Ac	dditional ed	
6. Name and Address of Current Registered Agent			ا دن مد	Name	7. Name a	nd Ado	iress of Ne	w Register	ed Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				Street Address (I	D C Davi Nua	-ba- is		afal al			_
				Juest Address (i	P.O. BOX NUT	noer is	NOT ACCEPT	3016)			4
			ł	Clty				F	Zip Cod	de	-
8. The above	a named entity submits this statement for	the purpose of changing its r	registered	d office or register	ed agent, or I	ooth, in	the State of		-		-
SIGNATURE	Signeture, typed or printed name of registered agent a	ad title if englishele (SVITC)	- Danker and	Agent signature required						· · · · · ·	
	of one of the or hand or many informating the		EE IS \$50.00	when remaining)			DATI			┨	
Make Check Paya				Department of	State						
				y 1, 2002							╛
9. TITLE	MANAGING MEMBER	RS/MANAGERS Delete	10.		 		ADDITION	IS/CHANG	ES Change	Addition	- -
NAME	PEGARD, SUSANNE	□ Centa	NAME						() Grange	L] AOUIDI	§
STREET ADDRESS CITY-ST-ZIP	SQU SERVICES AG, ALFRED ESCHERSTR CH 8027 ZURICH SWITZERLAND			ADDRESS T-ZIP							CR2E083 (9/01)
TITLE	MEM	☐ Delete	TITLE					/ Q.V	Change	Addition	- 8
NAME STREET ADDRESS	FAZITA INVESTMENTS INC			ADDRESS					b 1		
CITY-ST-ZIP	SQU SERVICES AG, ALFRED ES CH 8027 ZURICH SWITZERLAND		CITY-S					,	•		
TITLE NAME — ——		☐ Delete	TITLE						☐ Change	Addition	
STREET ADDRESS			* = name - Street	ADDRESS							<u> </u>
CITY-ST-ZIP		[] o.u	CITY-ST	T-ZIP							-
title Name		Delets	name						Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP				ADDRESS							
TITLE	<u> </u>	☐ Delete	CITY-ST	1-214					☐ Change	Addition	+
NAME			NAME						Li Chango		
STREET ADDRESS CITY-ST-ZIP			STREET A	ADORESS 1-zip							
TITLE		☐ Delete	TITLE						☐ Change	Addition	1
NAME STREET ADDRESS			NAME STREET	A THINGS C							
CITY-ST-ZIP			CITY-ST	-21P							1
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that nly signature shall have the same legal effect as if made under eath; that I am a managing member or manager of the limited liability company or the receiver of trustee amplowered to execute this report as required by Chapter 608, Florida Statutes.											
SIGNATURE: // 1/02 404-815-6099										-	
	SKINATURE AND TYPED OR PRINTED NAME OF S	CONDRG MANAGENG MEMBER, MANAG	BER, OR AL	THORIZED REPRESENT	TATIVE	D	lete		Daytime Phone #		1