

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**

03 MAY -2 PM 12:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** L02000015813  
**1. Entity Name**  
 NEW ALASKA, LLC

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**  
 11205 S.W. 11TH ST  
 Suite, Apt. #, etc.

**3. Mailing Address**  
 Suite, Apt. #, etc.

**City & State**  
 MIAMI, FL  
**Zip** 33176 **Country** USA

**4. FEI Number** Applied For  Not Applicable

**5. Certificate of Status Desired**  \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE IN THIS SPACE**

**7. Name and Address of Current Registered Agent**  
**Name**  
 ARAZOZA AND FERNANDEZ-FRAGA, PA  
**Street Address (P.O. Box Number is Not Acceptable)**  
 2100 SALZEDO STREET, SUITE 300  
**City** CORAL GABLES **FL** **Zip Code** 33134

**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable

**FEES \$50.00**  
 Make Check Payable to Florida Department of State  
 DUE BY MAY 1 2003  
 400017857204  
 05/02/03--01006--013 \*\*50.00

8. MANAGING MEMBERS/MANAGERS			
TITLE	MNGR	TITLE	
NAME	BELLO, PAULO S	NAME	
STREET ADDRESS	11205 S.W. 11TH STREET	STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL. 33176	CITY - ST - ZIP	
TITLE	MNGR	TITLE	
NAME	BELLO, MARIA AUGUSTA T.	NAME	
STREET ADDRESS	11205 S.W. 11TH STREET	STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL. 33176	CITY - ST - ZIP	
TITLE	MNGR	TITLE	
NAME	BELLO, PATRICIA	NAME	
STREET ADDRESS	11205 S.W. 11TH STREET	STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL. 33176	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

**11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.**

**SIGNATURE:**  **PATRICIA BELLO** **04/29/03**  
 Signature and typed or printed name of signing managing member, manager, or authorized representative **Date** **Daytime Phone #**

CR2E083B (12/02)