

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0003778  
AF

**DOCUMENT #** L96000000422  
1. Entity Name  
ALIOLOKA, L.C.

00 JUN -2 AM 10:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business: 4675 PONCE DE LEON BLVD. CORAL GABLES FL 33146  
Mailing Address: 2307 DOUGLAS RD. SUITE 302 MIAMI FL 33145-3057



2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.  
City & State  
Zip Country

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
ROGER, OSCAR  
626 CORAL WAY  
CORAL GABLES FL 33146

4. FEI Number: 65-0925551  
Applied For:  Additional Fee Required: \$5.00

7. Name and Address of New Registered Agent  
Name: OLGA RAMIREZ  
Street Address (P.O. Box Number is Not Acceptable): 3211 SW 192 AVE  
City: MIRAMAR FL Zip Code: 33029

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  
SIGNATURE: OLGA RAMIREZ (Signature) Date: 05/30/00

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES (ADDRESS)	
TITLE: MGR NAME: RAMIREZ, CARLOS STREET ADDRESS: 4675 PONCE DE LEON BLVD. CITY-ST-ZIP: CORAL GABLES FL 33146	<input type="checkbox"/> Delete	TITLE: MGR NAME: RAMIREZ CARLOS STREET ADDRESS: 19330 SW 31 CT. CITY-ST-ZIP: MIRAMAR FL. 33029	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: MGRM NAME: RAMIREZ, OLGA STREET ADDRESS: 4675 PONCE DE LEON BLVD. CITY-ST-ZIP: CORAL GABLES FL 33146	<input type="checkbox"/> Delete	TITLE: MGRM NAME: RAMIREZ OLGA STREET ADDRESS: 3211 SW 92 AVE CITY-ST-ZIP: MIRAMAR FL. 33029	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: MGRM NAME: RAMIREZ, ALINA STREET ADDRESS: 4675 PONCE DE LEON BLVD. CITY-ST-ZIP: CORAL GABLES FL 33146	<input type="checkbox"/> Delete	TITLE: MGRM NAME: RAMIREZ, ALINA STREET ADDRESS: 3301 SW 192 AVE CITY-ST-ZIP: MIRAMAR FL. 33029	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: OLGA RAMIREZ (Signature) Date: 05/30/00 (954) 4474923  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

CR2E083 (9/99)