

2001 UNIFORM BUSINESS REPORT (UBR)

0009699 AF

DOCUMENT # L96000000422

1. Entity Name
ALIOLKA, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 MAR 19 PM 2:44

Principal Place of Business
4675 PONCE DE LEON BLVD.
CORAL GABLES FL 33146

Mailing Address
2307 DOUGLAS RD. SUITE 302
MIAMI FL 33145



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0925551**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAMIREZ, OLGA
3211 SW 192 AVENUE
MIRAMAR FL 33029

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City **FL** Zip Code _____

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE _____ Delete
NAME **MGR**
STREET ADDRESS **RAMIREZ, CARLOS**
CITY-ST-ZIP **19330 S.W. 31 COURT**
MIRAMAR FL 33029

TITLE _____ Change Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ Delete
NAME **MGRM**
STREET ADDRESS **RAMIREZ, OLGA**
CITY-ST-ZIP **19330 S.W. 31 COURT**
MIRAMAR FL 33029

TITLE _____ Change Addition
NAME _____
STREET ADDRESS **300003929639--8**
CITY-ST-ZIP **-03/29/01--01078--012**
*******50.00 *****50.00**

TITLE _____ Delete
NAME **MGRM**
STREET ADDRESS **RAMIREZ, ALINA**
CITY-ST-ZIP **19330 S.W. 31 COURT**
MIRAMAR FL 33029

TITLE _____ Change Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ Change Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ Change Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ Change Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

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* **REQUIRED** Date **03/14/01** Daytime Phone # **(954) 6586594**

CR2E083 (11/00)

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