

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAR 29 AM 10:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0005126 AF

DOCUMENT # L99000000726

1. Entity Name  
ALLIANCE '99, L.L.C.

Principal Place of Business  
4020 GALT OCEAN DRIVE, SUITE 1401  
FORT LAUDERDALE FL 33308

Mailing Address  
4020 GALT OCEAN DRIVE, SUITE 1401  
FORT LAUDERDALE FL 33308-6533

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

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

SMITH, BILL T JR.  
BILL T. SMITH, JR. P.A.  
980 N. FEDERAL HIGHWAY, SUITE 402  
BOCA RATON FL 33432

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGRM  
ARRUDA, ALAN A  
4020 GALT OCEAN DRIVE, SUITE 1401  
FORT LAUDERDALE FL 33308

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
400003208214--7  
-04/13/00--01123--010  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGRM  
HUBBS, CHARLES M  
3/F NO. 18 TAIHEGANG XIANLIE ZHONG RD  
GUANGZHOU 510070 CHINA

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGRM  
MUNOZ, JOSE SALVADOR  
EDIFICIO BANCO ALIADO, PISO NO. 15  
APARTADO 6443, PANAMA 5

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGRM  
ARIAS, CALLE RICARDO  
EDIFICIO BANCO ALIADO, PISO NO. 15  
APARTADO 6443, PANAMA 5

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
Change 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

ALAN A. ARRUDA 3/27/00 954-506-9870

CR2E083 (9/99)