

# 2001 UNIFORM BUSINESS REPORT (UBR)

192

**DOCUMENT #**  
1. Entity Name **INTERALLIANCE, L.L.C.**

**L00000005127**

**FILED**

**Principal Place of Business**  
**9200 S. Dadeland Blvd**  
**Suite 603**  
**Miami, Florida 33156**

**Mailing Address**  
**9200 S. Dadeland Blvd.**  
**Suite 603**  
**Miami, Florida 33156**

**01 AUG 21 PM 12:17**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**2. Principal Place of Business**  
Suite, Apt. #, etc.

**3. Mailing Address**  
**520 Brickell Key Dr.**  
Suite, Apt. #, etc.  
**Suite 0-305**

**City & State**  
**Miami, Florida**

**Zip**  
**33131**

**Country**  
**USA**

DO NOT WRITE IN THIS SPACE

**4. FEI Number**  
**applied for**

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

**6. Name and Address of Current Registered Agent**  
**CUEVAS, ANDREW, ESQ.**  
**CUEVAS & RUBIN PA**  
**9200 S. Dadeland Blvd.**  
**Suite 603**  
**Miami, Florida 33156**

**7. Name and Address of New Registered Agent**  
**Name**  
**Freeman, Buttermann, Haber & Rojas, LLP**  
**Street Address (P.O. Box Numbers Not Acceptable)**  
**Lance Geller, Esq.**  
**520 Brickell Key Drive, Suite 0-305**  
**City**  
**Miami, Florida** **FL** **Zip Code**  
**33131**

**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** *See attached* **DATE**

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

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

**8000004552708--4**  
**-08/23/01--01069--009**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

**9. MANAGING MEMBERS/MEMBERS**

|                                                                   |                                            |
|-------------------------------------------------------------------|--------------------------------------------|
| <b>TITLE</b><br><b>DUDNIKOW, Jorge</b>                            | <input type="checkbox"/> Delete            |
| <b>NAME</b><br><b>DUDNIKOW, Jorge</b>                             |                                            |
| <b>STREET ADDRESS</b><br><b>520 Brickell Key Dr., Suite 0-305</b> |                                            |
| <b>CITY-ST-ZIP</b><br><b>Miami, Florida 33131</b>                 |                                            |
| <b>TITLE</b><br><b>MGRM</b>                                       | <input checked="" type="checkbox"/> Delete |
| <b>NAME</b><br><b>SZTAINBOCK, Anibal</b>                          |                                            |
| <b>STREET ADDRESS</b><br><b>520 Brickell Key Dr., Suite 0-305</b> |                                            |
| <b>CITY-ST-ZIP</b><br><b>Miami, Florida 33131</b>                 |                                            |
| <b>TITLE</b><br><b>MGRM</b>                                       | <input type="checkbox"/> Delete            |
| <b>NAME</b><br><b>MARANI, Adriana</b>                             |                                            |
| <b>STREET ADDRESS</b><br><b>520 Brickell Key Dr., Suite 0-305</b> |                                            |
| <b>CITY-ST-ZIP</b><br><b>Miami, Florida 33131</b>                 |                                            |
| <b>TITLE</b><br><b>AS</b>                                         | <input type="checkbox"/> Delete            |
| <b>NAME</b><br><b>GELLER, Lance</b>                               |                                            |
| <b>STREET ADDRESS</b><br><b>520 Brickell Key Dr., Suite 0-305</b> |                                            |
| <b>CITY-ST-ZIP</b><br><b>Miami, Florida 33131</b>                 |                                            |
| <b>TITLE</b><br><b>AS</b>                                         | <input type="checkbox"/> Delete            |
| <b>NAME</b><br><b>GELLER, Lance</b>                               |                                            |
| <b>STREET ADDRESS</b><br><b>520 Brickell Key Dr., Suite 0-305</b> |                                            |
| <b>CITY-ST-ZIP</b><br><b>Miami, Florida 33131</b>                 |                                            |

**10. ADDITIONS/CHANGES**

|                                                                   |                                                                              |
|-------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>TITLE</b><br><b>AS</b>                                         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>NAME</b><br><b>GELLER, Lance</b>                               |                                                                              |
| <b>STREET ADDRESS</b><br><b>520 Brickell Key Dr., Suite 0-305</b> |                                                                              |
| <b>CITY-ST-ZIP</b><br><b>Miami, Florida 33131</b>                 |                                                                              |

**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** *Lance Geller* **LANCE GELLER** **August 7th, 2001** **(305) 374-3800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (1/00)

202

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the limited liability company is: INTERALLIANCE, LLC?

2. The mailing address of the limited liability company is : 9200 S. Dadeland Blvd.  
Suite 603, Miami, Florida 33156

August 7th, 2001  
3. Date of filing/registration in Florida

L00000005127  
4. Document number

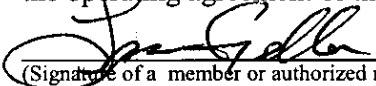
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

CUEVAS, ANDREW, ESQ./ CUEVAS & RUBIN P.A.  
Name  
9200 S. Dadeland Blvd. Suite 603  
Address  
Miami, Florida 33156  
City, State and Zip

6. The name and address of the new registered agent and/or office:

LANCE GELLER, ESQ / FREEMAN, BUTTERMAN, HABER & ROJAS  
Name  
520 Brickell Key Dr., Suite 0-305  
Florida street address (P.O. Box NOT acceptable)  
MIAMI FL 33131  
City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

  
(Signature of a member or authorized representative of a member)

LANCE GELLER.

(Printed or typed name of signee)

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
(Signature of Registered Agent)

**Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314**