

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90019 050 \*\*\*\*50.00

**DOCUMENT # L00000005127**

1. Entity Name

**INTERALLIANCE, L.L.C.**

Principal Place of Business

**8200 S DADELAND BLVD  
 SUITE 603  
 MIAMI FL 33156**

Mailing Address

**520 BRICKELL KEY DR., STE. 0-305  
 MIAMI FL 33131**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-1005906**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**FREEMAN, BUTTERMAN, HABER & ROJAS, LLP  
 LANCE GELLER, ESQ.  
 520 BRICKELL KEY DRIVE, SUITE 0-305  
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

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  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MGRM  
 DUDNIKOW, JORGE  
 520 BRICKELL KEY DR., STE. 0-305  
 MIAMI FL 33131** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MGRM  
 MARANI, ADRIANA  
 520 BRICKELL KEY DR., STE. 0-305  
 MIAMI FL 33131** ☐ Delete

TITLE  
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 STREET ADDRESS  
 CITY-ST-ZIP  
**AS  
 GELLER, LANCE  
 520 BRICKELL KEY DR., STE. 0-305  
 MIAMI FL 33131** ☐ Delete

TITLE  
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10. ADDITIONS/CHANGES

TITLE  
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 CITY-ST-ZIP  
☐ Change ☐ Addition

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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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**2-21-02**

**305/374-380**

CR2E083 (9/01)