

2001 UNIFORM BUSINESS REPORT (UBR)

0016935 AF

DOCUMENT # L00000007975

1. Entity Name

A LA MODE FLORIDA, LLC

FILED

01 MAY 29 PM 3: 53

SECRETARY OF STATE
FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

374 NORTH MARKET BLVD.
WEBSTER FL 33597

Mailing Address

374 NORTH MARKET BLVD.
WEBSTER FL 33597

2. Principal Place of Business

250 S. WYMORE ROAD
Suite, Apt. #, etc.

3. Mailing Address

703 Ashford Oaks Dr
Suite, Apt. #, etc.
203

City & State

Altamonte Spring FL

City & State

Altamonte Spring FL

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

32714

SEMINOL

Zip

Country

32714

SEMINOL

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DHANANI, MUMTAZ

374 NORTH MARKET BLVD.
WEBSTER FL 33597

703 Ashford Oaks Dr
203 Altamonte Spring
FL 32714

7. Name and Address of New Registered Agent

Name

MANSOOR ALI

Street Address (P.O. Box Number is Not Acceptable)

703 Ashford Oaks Dr # 203

City ALTAMONTE SPRG

FL

Zip Code

32714

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

Manusoor Ali
Signature, typed or printed name of registered agent and title

(NOTE: Registered Agent signature required when reinstating)

4/25/01
DATE

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DHANANI, MUMTAZ 374 NORTH MARKET BLVD. WEBSTER FL 33597	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DHANANI MUMTAZ 703 ASHFORD OAKS DR # 203 ALTAMONTE SPR FL 32714	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER MANSOOR ALI 703 Ashford Oaks Dr # 203 ALTAMONTE SPRG FL 32714	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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: *Manusoor Ali* SIGNATURE REQUIRED

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

04/25/01

Date

407.389.0786

Daytime Phone #

CR2E083 (11/00)