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2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 26, 2002 8:00 am
Secretary of State

05-12-2002 90582 039 ****50.00

DOCUMENT # L01000003621

1. Entity Name
ALLIAGE HOLDINGS L.L.C.

Principal Place of Business
1150B EAST HALLANDALE BEACH BOULEVARD
HALLANDALE FL 33309

Mailing Address
1150B EAST HALLANDALE BEACH BOULEVARD
HALLANDALE FL 33309

94978

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

4. FEI Number 65-1082427 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
KORN, GARY ESQUIRE
C/O LEOPOLD, KORN & LEOPOLD, P.A.
20801 BISCAYNE BOULEVARD, SUITE 501
AVENTURA FL 33180

7. Name and Address of New Registered Agent
Name ROBERT LECHTER
Street Address (P.O. Box Number is Not Acceptable) 1150B E Hallandale Beach Blvd
City Hallandale FL Zip Code 33009

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 ROBERT LECHTER MANAGER 4/25/02
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 President
NAME Robert Lechter
STREET ADDRESS 1150-B E. Hallandale Beach Blvd.
CITY-ST-ZIP Hallandale Beach, FL 33009
☐ Delete

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete

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10. ADDITIONS/CHANGES

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition

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CR2E083 (9/01)

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 ROBERT LECHTER MANAGER 4/25/02 954 955 3660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #