

FILED
Feb 25, 2002 8:00 am
Secretary of State

01-24-2002 90353 023 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000013448

1. Entity Name
ALMA, L.L.C.

Principal Place of Business

1107 HALLANDALE BEACH BLVD.
HALLANDALE FL 33009-4431

Mailing Address

1107 HALLANDALE BEACH BLVD.
HALLANDALE FL 33009-4431

4100 N. CIRCLE DR.
HOLLYWOOD, FL

2. Principal Place of Business

33021

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1134482

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

TEMPKINS, HARRY ESQUIRE
420 LINCOLN ROAD, SUITE 244
MIAMI FL 33139

ATTORNEY
NOT PRES. OF
CORP.

7. Name and Address of New Registered Agent

Name

ALESIA Gutierrez

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

4100 N. CIRCLE DRIVE

City

HOLLYWOOD

FL

Zip Code

33021

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 re-registering)

1/19/02

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
JOSE M. Gutierrez ☐ Delete
4100 N. CIRCLE DR
HOLLYWOOD, FL 33021

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ALESIA Gutierrez ☐ Delete
4100 N. CIRCLE DR.
HOLLYWOOD, FL 33021

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
HARRY TEMPKINS ☒ Delete
420 LINCOLN Rd.
Miami FL 33139

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS / CHANGES

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

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

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

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

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

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)(1), 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/19/02 (954) 214-7979

CR2003 (9/01)