

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000016795

1. Entity Name

ALLIANCE INTERNATIONAL DEVELOPMENTS, L.L.C.

Principal Place of Business

240 CRANDON BOULEVARD, SUITE 207
KEY BISCAYNE FL 33149

Mailing Address

240 CRANDON BOULEVARD, SUITE 207
KEY BISCAYNE FL 33149

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

65-1152 889

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAKER, RONALD G ESQUIRE
2655 LEJEUNE ROAD, SUITE 201
CORAL GABLES FL 33134

Name MARTIN MELHEM

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

240 Crandon Blvd. Suite 207

City Key Biscayne

FL

Zip Code
33149

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

1/11/02

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME **MGR**
STREET ADDRESS **CHAMBEAUX, PHILIPPE**
CITY-ST-ZIP **240 CRANDON BOULEVARD, SUITE 207
KEY BISCAYNE FL 33149**

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

TITLE ☐ Delete
NAME **MGR**
STREET ADDRESS **MELHEM, MARTIN**
CITY-ST-ZIP **240 CRANDON BOULEVARD, SUITE 207
KEY BISCAYNE FL 33149**

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

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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

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

1/02

(305) 361-3880

Daytime Phone #

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90355 014 ****50.00



DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)