## 2002 UNIFORM BUSINESS REPORT (UBR)

**SIGNATURE** 

## May 24, 2002 8:00 am Secretary of State DOCUMENT # L01000018701 04-22-2002 90163 011 \*\*\*\*50.00 ALE HOUSE ACQUISITION, LLC Principal Place of Business Mailing Address 3250 MARY STREET. SUITE 203 3250 MARY STREET. SUITE 203 MIAMI FL 33133 MIAMI FL 33133 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State APPLIED FO Applied For Zip Not Applicable Country Zin Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -Namo STEARNS WEAVER MILLER WEISSLER C/O RICHARD SCHATZ Street Address (P.O. Box Number is Not Acceptable) 150 WEST FLAGLER STREET MIAM! FL 33130 City Zip Code FL 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, 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 MANAGING MEMBERS/MANAGERS 10. MGRM ADDITIONS/CHANGES TITLE TITLE Weiser, Bradley A. NAME Channa Channa 90 Addition NAME 3250 Mary Street, Suite 203 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CR2E083 <u>Miami, Florida 33133</u> CITY-ST-ZIP TITLE Delete TITL F NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IIILE ☐ Defete NAME ■ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE NAME ☐ Change □ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

AGES OR AUTHORIZED REPRESENTATIVE

**FILED**