

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 26, 2003 8:00 am
Secretary of State

09-26-2003 90002 046 *****50.00

002441 FP

DOCUMENT # L01000019993

1. Entity Name
PALIKA, LLC.



Principal Place of Business
~~201 SOUTH BISCAYNE BLVD.~~
~~34TH FLOOR, MIAMI CENTER~~
~~MIAMI FL 33131~~

Mailing Address
~~201 SOUTH BISCAYNE BLVD.~~
~~34TH FLOOR, MIAMI CENTER~~
~~MIAMI FL 33131~~

US

US

2. Principal Place of Business
7310 Mindello ST

3. Mailing Address
7310 Mindello ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Coral Gables, FL

City & State
Coral Gables

Zip Country
33143 USA

Zip Country
33143 USA

4. FEI Number **52-2354739**

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

LAFONTISEE, LOUIS L ESQ.
3121 COMMODORE PLAZA
SUITE 301
MIAMI FL 33133

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

\$0.00

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
LEBAZ, JACQUES
~~201 SOUTH BISCAYNE BLVD, 34TH FLOOR~~
~~MIAMI FL 33131~~

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
7310 Mindello ST
Coral Gables, FL 33143

☒ Change ☐ Addition

TITLE
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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)(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

09/24/03

1868538389

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

Date

Daytime Phone #

CR2E083 (4/03)