


**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 18, 2003 8:00 am
Secretary of State

07-28-2003 90067 011 ****50.00

DOCUMENT # L02000026823

1. Entity Name
ALLA ONE, LLC



Principal Place of Business 1901 NE 197 TERRACE MIAMI FL 33179	Mailing Address 1901 NE 197 TERRACE MIAMI FL 33179
--	--

55054329

2. Principal Place of Business 1901 N.E. 197 TERR.	3. Mailing Address 1901 N.E. 197 TERR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State MIAMI FL	City & State MIAMI FL	4. FEI Number 14-185-5046	Applied For <input type="checkbox"/> Not Applicable
Zip 33179	Country USA	Zip 33179	Country USA
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

Name _____

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

City _____ **FL** Zip Code _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE PRESIDENT	<input type="checkbox"/> Delete
NAME BORIS LITVINOV	
STREET ADDRESS 1901 N.E. 197 TERR	
CITY-ST-ZIP MIAMI FL 33179	
TITLE VICE PRESIDENT	<input type="checkbox"/> Delete
NAME ALLA KOBAYA	
STREET ADDRESS 1901 N.E. 197 TERR.	
CITY-ST-ZIP MIAMI FL 33179	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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** _____

_____ **09/24/03 (305) 863-2333**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (4/03)