

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0012868 AF

DOCUMENT # L95000000429

1. Entity Name
ALLIANCE INVESTMENTS L.C.

00 MAR 30 AM 8:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

rf 4/12



DO NOT WRITE IN THIS SPACE

Principal Place of Business
C/O FRANK J. KONDAS
2799 COUNTRYWOODS LANE
PALM HARBOUR FL 34683

Mailing Address
~~TRADELINK WORLDWIDE~~
~~1100 SUMMER STREET, 4TH FLOOR~~
~~STAMFORD CT 06905-5534~~

2. Principal Place of Business
40 ROMAN W. LOMNYCKYJ
Suite, Apt. #, etc.
2525 GULF OF MEXICO DR. 3F

3. Mailing Address
2525 GULF OF MEXICO DR.
Suite, Apt. #, etc.
3F

City & State
LONGBOAT KEY, FL

City & State
LONGBOAT KEY, FL

Zip
34228

Country
USA

Zip
34228

Country
USA

4. FEI Number
59-3318382

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
KONDAS, FRANK J
2799 COUNTRYWOODS LANE
PALM HARBOUR FL 34683

7. Name and Address of New Registered Agent
Name
ROMAN W. LOMNYCKYJ
Street Address (P.O. Box Number is Not Acceptable)
2525 GULF OF MEXICO DR.
APT. 3F
City
LONGBOAT KEY **FL** Zip Code
34228

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 *R W Lomnycky* DATE **3/3/00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

500003213355--0
-04/18/00--01108--007
*******50.00 *****50.00**

9. MANAGING MEMBERS / MEMBERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOMNYCKYJ, ROMAN 266 MICHIGAN ROAD NEW CANAAN CT 06840	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2525 GULF OF MEXICO DR. 3F LONGBOAT KEY, FL 34228	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *R W Lomnycky* **ROMAN W. LOMNYCKYJ** **3/3/00** **387-7183**

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

661 (9/99)