# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

00 JUN -2 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0003778 AF

DOCUMENT # L96000000422

1. Entity Name
ALIOLKA, L.C.

Principal Place of Business
4675 PONCE DE LEON BLVD.
CORAL GABLES FL 33146

Mailing Address
2307 DOUGLAS RD. SUITE 302
MIAMI FL 33145-3057

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0925551 | Applied For | Not Applicable

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

**6. Name and Address of Current Registered Agent**

ROGER, OSCAR
626 CORAL WAY
CORAL GABLES FL 33146

**7. Name and Address of New Registered Agent**

Name OLGA RAMIREZ
Street Address (P.O. Box Number is Not Acceptable)
3211 SW 192 AVE
City MIRAMAR FL Zip Code 33029

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 OLGA RAMIREZ — Olga Ramirez — 05/30/00
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**

| 9. MANAGING MEMBERS / MEMBERS | | 10. ADDITIONS / CHANGES (ADDRESS) | |
|---|---|---|---|
| TITLE | MGR ☐ Delete | TITLE | MGR ☒ Change ☐ Addition |
| NAME | RAMIREZ, CARLOS | NAME | RAMIREZ CARLOS |
| STREET ADDRESS | 4675 PONCE DE LEON BLVD. | STREET ADDRESS | 19330 SW 31 CT. |
| CITY-ST-ZIP | CORAL GABLES FL 33146 | CITY-ST-ZIP | MIRAMAR FL. 33029 |
| TITLE | MGRM ☐ Delete | TITLE | MGRM ☒ Change ☐ Addition |
| NAME | RAMIREZ, OLGA | NAME | RAMIREZ OLGA |
| STREET ADDRESS | 4675 PONCE DE LEON BLVD. | STREET ADDRESS | 3211 SW 92 AVE |
| CITY-ST-ZIP | CORAL GABLES FL 33146 | CITY-ST-ZIP | MIRAMAR FL. 33029 |
| TITLE | MGRM ☐ Delete | TITLE | MGRM ☒ Change ☐ Addition |
| NAME | RAMIREZ, ALINA | NAME | RAMIREZ, ALINA |
| STREET ADDRESS | 4675 PONCE DE LEON BLVD. | STREET ADDRESS | 3301 SW 192 AVE |
| CITY-ST-ZIP | CORAL GABLES FL 33146 | CITY-ST-ZIP | MIRAMAR FL. 33029 |
| TITLE | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | | NAME | 400003292924 |
| STREET ADDRESS | | STREET ADDRESS | -06/15/00--01155--008 |
| CITY-ST-ZIP | | CITY-ST-ZIP | *****50.00 *****50.00 |
| TITLE | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | | 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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** OLGA RAMIREZ SIGNATURE REQUIRED — 05/30/00 — (954) 4474923
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #

CR2E083 (9/99)