

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001319

1. Entity Name

DALIKA INTERNATIONAL, L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT -3 AM 11:02

Principal Place of Business

1900 SUNSET HARBOR DRIVE, SUITE 2103  
MIAMI BEACH FL 33139

Mailing Address

1900 SUNSET HARBOR DRIVE, SUITE 2103  
MIAMI BEACH FL 33139

2. Principal Place of Business

1 S.E. 15th Rd

3. Mailing Address

1 S.E. 15th Rd

Suite, Apt. #, etc.

100

Suite, Apt. #, etc.

100

City & State

Miami, FL

City & State

Miami, FL

Zip

33129

Country

U.S.A

Zip

33129

Country

U.S.A

DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

Deborah A. Jacobson

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

1 S.E. 15th Rd, Suite 100

City

Miami

FL

Zip Code

33129

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

Deborah A. Jacobson

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

(NOTE: Registered Agent signature required when reinstating)

9/27/00

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete  
NAME BEN-LAMINE, MOHAMED KHALED  
STREET ADDRESS 1900 SUNSET HARBOR DRIVE, SUITE 2103  
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE MEM ☐ Delete  
NAME SALAH, LILIA BEN  
STREET ADDRESS 1900 SUNSET HARBOR DRIVE, SUITE 2103  
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE MEM ☒ Delete  
NAME BEN-LAMINE, MOHAMED KHALED  
STREET ADDRESS 1900 SUNSET HARBOR DRIVE, SUITE 2103  
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 300003417889---8  
CITY-ST-ZIP -10/06/00--01143--001

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS \*\*\*\*\*50.00 \*\*\*\*\*50.00  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME Member Managing  
STREET ADDRESS Deborah A. Jacobson  
CITY-ST-ZIP 1 S.E. 15th Rd #100  
Miami, FL 33129

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

9/27/00 305-375-6195

CR2E083 (5/00)