

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006223

1. Entity Name  
ALHAMBRA MOTEL, LLC.

Principal Place of Business  
139 ROYAL PALM DRIVE  
FORT LAUDERDALE FL 33301

Mailing Address  
139 ROYAL PALM DRIVE  
FORT LAUDERDALE FL 33301-1410

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0956308

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

CARADONNA, ALFIO  
139 ROYAL PALM DRIVE  
FORT LAUDERDALE FL 33301

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.

SIGNATURE

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGRM  
CARADONNA, ALFIO  
139 ROYAL PALM DRIVE  
FORT LAUDERDALE FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
200003260562  
-05/19/00--01124--028  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

ALFIO CARADONNA

Date

Daytime Phone #

4/26/00 954 525-7601

APPROVED  
AND  
FILED

00 MAY -2 AM 11:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CP2E083 (9/99)