

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001806

1. Entity Name

ALIMA INTERNATIONAL, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP -1 AM 10: 02

Principal Place of Business

21060 WOODSPRING AVENUE
BOCA RATON FL 33428

Mailing Address

21060 WOODSPRING AVENUE
BOCA RATON FL 33428

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

52-2116311

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

BEWLEY, MAE

21060 WOODSPRING AVENUE
BOCA RATON FL 33428

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/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete
MGRM
BWANALI, MOFFATT
STREET ADDRESS
21060 WOODSPRING AVENUE
CITY-ST-ZIP
BOCA RATON FL 33428

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

TITLE NAME ☐ Delete
MGRM
BEWLEY, MAE
STREET ADDRESS
21060 WOODSPRING AVENUE
CITY-ST-ZIP
BOCA RATON FL 33428

TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
4000003390244-2
-09/12/00--01071--013
*****50.00 *****50.00

TITLE NAME ☐ Delete
MGRM
LINDEIRE, FELIX CPA
STREET ADDRESS
2603 COMMONS BLVD. STE. C
CITY-ST-ZIP
AUGUSTA GA 30909

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

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ 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

8/29/00
Date

(961) 488-4805
(706) 733-5756
Daytime Phone #

CR2E083 (5/00)