

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90226 040 ***150.00

DOCUMENT # L34148

1. Entity Name
LIEBE, INC.



Principal Place of Business
**1048 KANE CONCOURSE
SUITE 2B
BAY HARBOR FL 33154
US**

Mailing Address
**1048 KANE CONCOURSE
SUITE 2B
BAY HARBOR FL 33154
US**



2. Principal Place of Business
**1177 Kane Concourse
Suite, Apt. #, etc.
222**

3. Mailing Address
**1177 Kane Concourse
Suite, Apt. #, etc.
222**

☒ CHECK HERE IF MAKING CHANGES

City & State
Bay Harbor, FL
Zip
33154
Country

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Bay Harbor, FL
Zip
33154
Country

4. FEI Number
65-0161169

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GADINSKY, MARILYN
1048 KANE CONCOURSE, 2B
BAY HARBOR FL 33154**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
**1177 KANE CONCOURSE
222
Bay Harbor FL 33154**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **GADINSKY, MARILYN**
STREET ADDRESS **1048 KANE CONCOURSE, 2B**
CITY-ST-ZIP **BAY HARBOR FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1177 Kane Concourse #222**
CITY-ST-ZIP **Bay Harbor, FL 33154**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)