

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90053 035 ***150.00

DOCUMENT # P00000018449

1. Entity Name
LIQUIGEM.COM, INC.

Principal Place of Business

~~300 CLEMATIS STREET #211~~
~~WEST PALM BEACH FL 33401~~

Mailing Address

~~300 CLEMATIS STREET #211~~
~~WEST PALM BEACH FL 33401~~

001000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

303 EVERNIA ST.

Suite, Apt. #, etc.

SUITE 202

City & State

WEST PALM BEACH, FL

Zip **33401**

Country

~~USA~~ **USA**

3. Mailing Address

303 EVERNIA ST.

Suite, Apt. #, etc.

SUITE 202

City & State

WEST PALM BEACH, FL

Zip

33401

Country

USA

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~CORPORATION SERVICE COMPANY~~
~~1201 HAYS STREET~~
~~TALLAHASSEE FL 32301-2325~~

Name

MARC SCHECHTER, ESQ

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

3479 W. HILLSBORO BLVD.

City

DEERFIELD BEACH

FL

Zip Code

33442

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

04-2501

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** Delete
 NAME **LEVIN, PHILIP J**
 STREET ADDRESS ~~300 CLEMATIS STREET #211~~ **303 EVERNIA ST. #202**
 CITY-ST-ZIP ~~WEST PALM BEACH FL 33401~~ **WEST PALM BEACH FL 33401 W.B.P. FL 33401**

TITLE **D** Change Addition
 NAME **LEVIN, PHILIP J**
 STREET ADDRESS **303 EVERNIA ST. #202**
 CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

TITLE **D** Delete
 NAME ~~SCANDURRA, DEREK~~
 STREET ADDRESS ~~300 CLEMATIS STREET #211~~
 CITY-ST-ZIP ~~WEST PALM BEACH FL 33401~~

TITLE **D** Change Addition
 NAME **FREEMAN, MARSHALL**
 STREET ADDRESS **303 EVERNIA ST #202**
 CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

TITLE **D** Delete
 NAME ~~FREEMAN, MARSHALL~~
 STREET ADDRESS ~~303 EVERNIA ST #202~~
 CITY-ST-ZIP ~~WEST PALM BEACH, FL 33401~~

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

PHILIP J. LEVIN

4/19/01

561-835-0022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)