

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2003 8:00 am**  
**Secretary of State**

01-24-2003 90082 030 \*\*\*150.00

DOCUMENT # P00000064902

1. Entity Name  
LIAHONA VENTURES INC.



Principal Place of Business  
3733 HAINES ST  
PORT ST LUCIE FL 34453

Mailing Address  
3733 HAINES ST  
PORT ST LUCIE FL 34453

2. Principal Place of Business  
605 Belvedere Road  
Suite, Apt. #, etc.  
Suite 18

3. Mailing Address  
605 Belvedere Road  
Suite, Apt. #, etc.  
Suite 18

City & State  
West Palm Beach, FL

City & State  
West Palm Beach, FL

Zip 33405 Country USA

Zip 33405 Country USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 31-1716614

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

PATERNOSTER, GONZALO M  
3733 SW HAINES ST  
PORT SAINT LUCIE FL 34953

## 7. Name and Address of New Registered Agent

Name Change of Address  
Street Address (P.O. Box Number is Not Acceptable)  
10165 Stonehenge Circle, Apt 1514  
City Boynton Beach FL Zip Code 33437

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

President/Agent/owner  
(NOTE: Registered Agent signature required when reinstating)

1/21/03  
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 D ☐ Delete  
NAME PATERNOSTER, GONZALO M  
STREET ADDRESS 11522 ROYAL PALM BLVD.  
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Address change ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 10165 Stonehenge Circle, Apt 1514  
CITY-ST-ZIP Boynton Beach, FL 33437

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

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

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 REQUIRED~~  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

1/21/03

561-685-8050  
Daytime Phone #

CR2E034 (10/02)