

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L94676

1. Entity Name

LIEBMAN MARKETING CORPORATION

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90098 027 ***150.00

Principal Place of Business

7705 NW 73 TERR
TAMARAC FL 33321

Mailing Address

7705 NW 73 TERR
TAMARAC FL 33321

2. Principal Place of Business

12623 NW 10 Street

3. Mailing Address

PO Box 771131

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Coral Springs, Florida

City & State

Coral Springs, Florida

4. FEI Number 65-0212336

Applied For

Not Applicable

Zip

Country

33071

USA

Zip

Country

33071

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LIEBMAN, ROBERT
7705 NW 73 TERR
TAMARAC FL 33321

7. Name and Address of New Registered Agent

Name

Liebman, Robert

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

12623 NW 10 Street

City

Coral Springs

FL

Zip Code

33071

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

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

TITLE ☐ Delete
NAME D
STREET ADDRESS LIEBMAN, ROBERT
CITY-ST-ZIP 7705 NW 73 TERR
TAMARAC FL

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME President
STREET ADDRESS Liebman, Robert
CITY-ST-ZIP PO Box 771131
Coral Springs, Fla 33071

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

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

TITLE ☐ Change ☐ Addition
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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:

Robert Liebman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Liebman, President

Date

Daytime Phone #

954-791-9942

CR2E034 (10/00)