

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90154 017 ***158.75

DOCUMENT # H66097

1. Entity Name
LIBERDA, INC.



Principal Place of Business
**9620 NORTHWEST 10TH STREET
PLANTATION FL 33322**

Mailing Address
**9620 NORTHWEST 10TH STREET
PLANTATION FL 33322**



2. Principal Place of Business

5920 NW BAYNARD DR

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SAME

City & State

PORT SAINT LUCIE FL

City & State

SAME

Zip

Country

USA

Zip

Country

SAME

4. FEI Number

59-2554992

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

X CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**LIBERDA, RONALD J.
9620 NORTHWEST 10TH STREET
PLANTATION FL 33322**

7. Name and Address of New Registered Agent

Name

LIBERDA, RONALD J.

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

5920 NW BAYNARD DR

City

PORT ST LUCIE FL

Zip Code

34986

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

Ronald J. Liberda

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

(NOTE: Registered Agent signature required when reinstating)

2/3/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p>PD LIBERDA, RONALD J. 9620 N.W. 10TH STREET PLANTATION FL</p> <p><input type="checkbox"/> Delete</p>	<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p>PD LIBERDA, RONALD J. 5920 NW BAYNARD DR PORT ST LUCIE FL</p> <p><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Delete</p>	<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
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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:

Ronald J. Liberda
RONALD J. LIBERDA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/3/03

CR2E034 (10/02)