

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # J29641**

1. Entity Name

LIBMAN FAMILY CORP.**FILED****Feb 05, 2001 8:00 am**
Secretary of State

02-05-2001 90085 016 ***150.00

711035

DO NOT WRITE IN THIS SPACE

Principal Place of Business % MORRIS LIBMAN 5308 WOODLAND BLVD. TAMARAC FL 33319	Mailing Address % MORRIS LIBMAN 5308 WOODLAND BLVD. TAMARAC FL 33319
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number 59-2710474	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LIBMAN, MORRIS 3308 WOODLANDS BLVD TAMARAC FL 33319	7. Name and Address of New Registered Agent <table border="1"><tr><td>Name MILDRED LIBMAN</td></tr><tr><td>Street Address (P.O. Box Number is Not Acceptable) 5308 WOODLANDS BLVD</td></tr><tr><td>City TAMARAC FL</td></tr><tr><td>Zip Code 33319</td></tr></table>	Name MILDRED LIBMAN	Street Address (P.O. Box Number is Not Acceptable) 5308 WOODLANDS BLVD	City TAMARAC FL	Zip Code 33319
Name MILDRED LIBMAN					
Street Address (P.O. Box Number is Not Acceptable) 5308 WOODLANDS BLVD					
City TAMARAC FL					
Zip Code 33319					

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) MILDRED LIBMAN DATE 1/30/01
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9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LOX, ALLEN C. 64 THORNLEY DR. CHATHAM NJ <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 1/30/01 Date 908464-4567 Daytime Phone #

CR2E034 (10/00)