

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90080 003 ***158.75

DOCUMENT # K31171

1. Entity Name

FT LIQUIDATING CORP.



Principal Place of Business

1001 BRICKEL BAY DRIVE
SUITE 1714
MIAMI FL 33131
US

Mailing Address

1001 BRICKEL BAY DRIVE
SUITE 1714
MIAMI FL 33131
US

2. Principal Place of Business

316 Apache Trail

Suite, Apt. #, etc.

3. Mailing Address

316 Apache Trail

Suite, Apt. #, etc.

City & State

ORMOND BEACH, FL ORMOND BEACH, FL

Zip

32174

Country

US

Zip

32174

Country

US

4. FEI Number

65-0101406

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KELLER, LEONARD

1001 BRICKEL BAY DRIVE

SUITE 1714

MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

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

316 Apache Trail

City

ORMOND BEACH FL

Zip Code

32174

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 Leonard Keller

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

(NOTE: Registered Agent signature required when reinstating)

3/4/03

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 | DPST | <input type="checkbox"/> Delete |
| NAME | KELLER, LEONARD J. | |
| STREET ADDRESS | 1001 BRICKELL BAY DRIVE, STE 1714 | |
| CITY-ST-ZIP | MIAMI FL 33132 | |
| TITLE | CLO | <input type="checkbox"/> Delete |
| NAME | FUERST, MITCHELL S | |
| STREET ADDRESS | 1001 BRICKEL BAY DR, SUITE 1714 | |
| CITY-ST-ZIP | MIAMI FL 33132 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---------------------------------|--|
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 316 Apache Trail | |
| CITY-ST-ZIP | Ormond Beach, FL 32174 | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 1001 Brickel Bay Dr, Suite 1804 | |
| CITY-ST-ZIP | Miami, FL 33131 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 LEONARD KELLER

3-4-03

305 9755499

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)