

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000019875

1. Entity Name

LIBERMAN MANAGEMENT L.C.

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90374 036 \*\*\*\*50.00

Principal Place of Business

338 MINORCA AVE.  
CORAL GABLES FL 33134

Mailing Address

338 MINORCA AVE.  
CORAL GABLES FL 33134

955415

2. Principal Place of Business

520 Brickell Key Drive

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
Ste 0-305

City & State

Miami, Florida

City & State

Zip

33131

Country

Zip

Country

4. FEI Number

65-1157229

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CABEZA, MANUEL E  
338 MINORCA AVE.  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name  
Transglobal Corporate Administration Inc.

Street Address (P.O. Box Number is Not Acceptable)  
520 Brickell Key Drive, Ste 0-305

City

Miami

FL

Zip Code  
33131

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)

3/21/02

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
OSORIO, ALVARO VELEZ  
338 MINORCA AVE.  
CORAL GABLES FL 33134 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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STREET ADDRESS  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Mgr/P/S/T  
Velez Osorio, Alvaro  
520 Brickell Key Drive, Ste 0-305  
Miami, Florida 33131 ☒ Change ☐ Addition

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

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

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CITY-ST-ZIP  
☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Residing Phone #

Alvaro Velez Osorio 4/15/02 (305) 374 3800

CR2E083 (9/01)