

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91476 008 \*\*\*150.00

**DOCUMENT # L21299**

**1. Entity Name**  
**LIBERTY VOYAGES, INC.**

**Principal Place of Business**  
**519-A S ANDREWS AVE**  
**FT LAUDERDALE FL 33301**  
**US**

**Mailing Address**  
**P O BOX 030069**  
**FT LAUDERDALE FL 33303-0069**  
**US**

**2. Principal Place of Business**

**3. Mailing Address**

**c/o THI**

**Suite, Apt. #, etc.**

**Suite, Apt. #, etc.**

**201 STUYVESANT DRIVE**

**City & State**

**City & State**

**SAVANA SEUMO CA**

**Zip**

**Country**

**94960**

**U.S.A.**

**4. FEI Number 65-0157032**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**ORFANIDES, MAVIE**  
**2600 BARBARA DRIVE**  
**FT LAUDERDALE FL 33316**

**Name BENEDETTO CICO**

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

**519-A S. ANDREWS AVE**

**FT LAUDERDALE FL 33301**

**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**

**3-12-02**

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, 2002 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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE D**  
**NAME ORFANIDES, JEAN PIERRE**  
**STREET ADDRESS 2600 BARBARA DR**  
**CITY-ST-ZIP FT LAUDERDALE FL**

**TITLE**  
**NAME BENEDETTO CICO**  
**STREET ADDRESS 519 A SOUTH ANDREWS AVE / C/O LVI**  
**CITY-ST-ZIP FORT LAUDERDALE FL 33301**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**TITLE**  
**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:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Date**

**Daytime Phone #**

**March 12, 2002**

CP2E034 (9/01)