


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 03, 2003 8:00 am  
Secretary of State

02-03-2003 90311 026 \*\*\*150.00

DOCUMENT # **L62658**

1. Entity Name  
**LIANE ENTERPRISES CO.**



Principal Place of Business  
**OLGA CORZO**  
**303 RACQUET CLUB RD.. #211**  
**WESTON FL 33326**

Mailing Address  
**OLGA CORZO**  
**303 RACQUET CLUB RD.. #211**  
**WESTON FL 33326**



2. Principal Place of Business  
**16213 Laurel Dr**  
Suite, Apt. #, etc.

3. Mailing Address  
**16213 Laurel Drive**  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**WESTON, FL**

City & State  
**Weston, FL**

Zip  
**33326**

Country  
**USA**

Zip  
**33326**

Country  
**USA**

4. FEI Number **65-0338950**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**OLGA CORZO**  
**7300 WAYNE AVE. #513**  
**MIAMI BEACH FL 33141**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**16213 Laurel Drive.**

City  
**Weston**

State  
**FL**

Zip Code  
**33326**

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 *Olga Corzo* **Olga Corzo** **01/29/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	CORZO, OLGA	7300 WAYNE AVE. #513	MIAMI BEACH FL 33141	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
P	CORZO, OLGA	16213 LAUREL DR	WESTON, FL 33326	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Director	Shirley Kirkman	3400 SW 37 Court	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		Miami, FL	33142	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Olga Corzo* **Olga Corzo** **01-29-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)