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2000	UNIFORM	BUSINESS	REPORT	(UBR)
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SIGNATURE:

DOCUMENT# L99000006572 SECRETARY OF STATE DIVISION OF CORPORATIONS DR. SHARI LIEBERMAN CONSULTING SERVICES INTERNAT 00 MAR 17 PM 12: 44 Principal Place of Business Mailing Address 989 HILLSBORO MILE 989 HILLSBORO MILE HILLSBORO BEACH FL 33062 HILLSBORO BEACH FL 33062-2301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State *045*8353 Not Applicable Zip Zip Country \$5.00 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COHN, ALAN B Street Address (P.O. Box Number is Not Acceptable) 2021 TYLER STREET HOLLYWOOD FL 33020 Zip Code City FL 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) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State MANAGING MEMBERS/MEMBERS ADDITIONS/CHANGES 9. 10. monaging member Dr. Shari Lieberman 989 Nilsboro Mile TITLE Delete TITLE Change Addition 🗌 NAME STREET ABORESS STREET ADDRESS 33002 CITY-8T-ZIP Willsborn Beach TITLE Change Delate TITLE NAME NAME 400003183814---03/24/00--01103--019 STREET ADDRESS STREET ADDRESS CITY-8T-ZIP C1TY- 8T- 23P \*\*\*\*\*<del>\*</del>\*50.00 C Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP Addition Change TITLE C Delete TITLE NAME MARKE STREET ADDRESS STREET ADDRESS CITY- ST- ZIP CITY-ST-ZIP Change Addition Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY- 8T- ZIP CITY- ST- 71P TITLE Change Addition TITLE ☐ Delete MANLE NAME STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER