

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

05-10-2002 90036 045 ***70.00

N01000004641

FILED

02 MAY 21 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

861455

DOCUMENT # N01000004641

1. Entity Name

Liberty and Development Center, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2700 S.W. 23rd. Terrace

3. Mailing Address

2700 S.W. 23rd Terrace

Suite, Apt. #, etc.

208

Suite, Apt. #, etc.

208

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33145

Country

Zip

33145

Country

4. FEI Number

65-1125705

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Benito R. Batallan

Street Address (P.O. Box Number is Not Acceptable)
2700 S.W. 23rd. Terrace

208

City Miami

FL

Zip Code
33145

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 reinstalling)

DATE

FEE IS \$61.25

Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Francisco J. Diaz-Pou 2257 S.W. 21st Street Miami, FL 33145	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Marcos A. Ramos 2765 S.W. 32nd Court Miami, FL 33133	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Roberto Rodriguez-Tejera Director 2700 S.W. 23rd. Terr. # 208 Miami, FL 33145	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

5/21

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 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Francisco J. Diaz-Pou*

Francisco J. Diaz-Pou, Director

4-26-02

(305) 804-3780

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #