## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N02000008448

1. Entity Name

LIBERTY FINANCIAL CONSULTING CORP.

LIBERTY FINANCIAL CONSULTING CORP.										
3519 W. HILLSBORO BLVD. 3519			Mailing Address 519 W. HILLSBORO BLVD. EERFIELD BCH FL 33442						,	
2. Principal	Place of Business	<b>3.</b> Ma	iling Address	· · · · · · · · · · · · · · · · · · ·						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State			City & State		<del></del>	4. FE! Number Applied For				$\Box$
Zip	Country	Zi	р	Country		5. Certificate of St.	atus Desired	□ \$8.75 Ad		€
سيجين سيتت	6. Name and Address of (	Current Rometon	ad Angas		ا ا			Fee Requir	ed	_
		Juliani negisteri	eo Agent	Name		7. Name and Add	ress of New R	egistered Agent		_
DEAN E	RICHARD			Name						-
3519 W.	. HILLSBORO BLVD.		Street A	Street Address (P.O. Box Number is Not Acceptable)					7	
DEEKH	ELD BCH FL 33442								-	7
	.".			City				FL Zip Coo	de	7
8. The above the obligation	re named entity submits this state ations of registered agent.	ement for the purp	ose of changing its	registered office or	registere	d agent, or both, in t	he State of Flo	rida. I am familiar with	, and accept	1
SIGNATURE	Signature, typed or printed name of registe									
<u></u>	orginature, typed or printed fiame or registe	red agent and title if app	licabie. (NOTE	: Registered Agent signatu	re required v	vhen reinstating)		DATE		ļ
	FILE MOVE THE 40 Ac.	9 Flection Com	paiga Financina				<u> </u>	_	٦	
FILE NOW: FEE IS \$61.25						\$5.00 May Be Added to Fees				
10.	OFFICERS A	ND DIRECTORS		11.	Δ	ODITIONS/CHANGE	S TO OFFICE	S AND DIRECTORS IN	110	4
TITLE"	D		☐ Delete	TITLE		SETTIONS/OFFICINGLE	3 TO OFFICER	Change	Addition	- £
NAME ?	DEAN, RICHARD			NAME				Li Change	L.J Addition	2
STREET ADDRESS	3519 W. HILLSBORO BLVE			STREET ADDRESS						1.4
CITY-ST-ZIP	DEERFIELD BCH FL 33442	1		CITY-ST-ZIP			,			Š
TITLE	D		☐ Delete	TITLE			<del></del>	☐ Change	☐ Addition	12
NAME	CASTILLO, JOSE			NAME				change	L Addition	1
STREET ADDRESS	3519 W. HILLSBORO BLVD			STREET ADDRESS						
CITY-ST-ZIP	DEERFIELD BCH FL 33442			CITY-ST-ZIP	· .			<del></del>		
TITLE	D	-	☐ Delete	TITLE		· · · · · · · · · · · · · · · · · · ·	- u	☐ Change	Addition	1
NAME	CASTILLO, STELLA			NAME				ondings		
STREET ADDRESS	3519 W. HILLSBORO BLVD			STREET ADDRESS						
CITY-ST-ZIP	DEERFIELD BCH FL 33442			CITY-ST-ZIP						
TITLE			☐ Delete	TITLE			·	☐ Change	Addition	1
NAME				NAME						
STREET ADDRESS				STREET ADDRESS						
CITY-ST-ZIP		, <u>,</u>		CITY-ST-ZIP						
TITLE			☐ Delete	TITLE				☐ Change	Addition	1
NAME STREET ADDRESS				NAME						
				STREET ADDRESS						

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 617, 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.

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ Delete

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

1/15/03

☐ Change

Addition

**FILED** 

Feb 21, 2003 8:00 am Secretary of State

02-21-2003 90173 016 \*\*\*\*61.25