2002 UNIFORM BUSINESS REPORT (UBR)

Sep 12, 2002 8:00 am Secretary of State DOCUMENT # **N97000001796** 09-12-2002 90068 040 ****61.25 _LIBERTY-CITY-ECONOMIC DEVELOPMENT. INC. Principal Place of Business Mailing Address 1318 NW 70TH ST 1318 NW 70TH ST MIAMI FL 33147 **MIAMI FL 33147** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0739663 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARTIN, MARILYN Street Address (P.O. Box Number is Not Acceptable) 1318 NW 70TH ST **MIAMI FL 33147** City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE **9** After September 13, 2002, 9. Election Campaign Financing \$5.00 May Be Make Check Pavable to min. will be \$236.25. Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ☐ Delete TITLE Change ☐ Addition MARTIN, MARILYN NAME STREET ADDRESS 1318 NW 70TH ST STREET ADDRESS CITY-ST-ZIP MIAMI FL 33147 CITY-ST-ZIP SD ☐ Delete TITLE ☐ Change Addition PHILLIPS, PHYLLIS STREET ADDRESS 6315 NW 22ND COURT STREET ADDRESS CITY-ST-ZIP MIAMI FL 33147 CITY-ST-ZIP TD TITLE **Q**elete TITLE ☐ Addition CAVE, VICTOR NAME NAME coverson, Gwen STREET ADDRESS 18739 NW 53 AVE STREET ADDRESS 19320 N.W 8th CITY-ST-7IP OPA LOCKA FL 33055 CITY-ST-ZIP Pembroke Pin ☐ Delete TITI F Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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

SIGNATURE:

FILED