

2001-UNIFORM BUSINESS REPORT (UBR)

2/1

FILED
Feb 26, 2001 8:00 am
Secretary of State

02-01-2001 90009 018 ***150.00

DOCUMENT # P00000013323

1. Entity Name

LIBERTY BELLE TRANSPORTATION, INC.

Principal Place of Business

4961 NW 53RD AVENUE
COCONUT CREEK FL 33073

Mailing Address

4961 NW 53RD AVENUE
COCONUT CREEK FL 33073

2. Principal Place of Business

5329 Lyons Rd

Suite, Apt. #, etc.

Suite PMB 130

City & State

Coconut Creek FL

Zip

33073

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0976282

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JIMENEZ, MIRYAM
4961 N.W. 53RD AVENUE
COCONUT CREEK FL 33073

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing

Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

PD
JIMENEZ, MIRYAM
4961 N.W. 53RD AVENUE
COCONUT CREEK FL 33073

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/01 954
5712196

Date

Daytime Phone #

CR2E034 (10/00)