

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000022888

1. Entity Name
LIQUISHAPES.COM INC.

Principal Place of Business
14341 SW 97 LANE
MIAMI FL 33186

Mailing Address
14341 SW 97 LANE
MIAMI FL 33186

2. Principal Place of Business
14341 SW, 97 LN.
Suite, Apt. #, etc.
KHAPH #

3. Mailing Address
14341 SW, 97 LN.
Suite, Apt. #, etc.

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

Zip
33186

Country
U.S.A.

Zip
33186

Country
U.S.A.

4. FEI Number
65-0985166

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KRISHNAN, VENKATRAM
14341 SW 97 LANE
MIAMI FL 33186

7. Name and Address of New Registered Agent

Name
VENKATRAM KRISHNAN
Street Address (P.O. Box Number is Not Acceptable)
14341 SW, 97 LN.
City
MIAMI FL Zip Code
33186

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

05/18/2001

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
D
KRISHNAN, VENKATRAM
STREET ADDRESS
14341 SW 97 LANE
CITY-ST-ZIP
MIAMI FL 33186 ☐ Delete

TITLE
NAME
D
KRISHNAN, SHILPA
STREET ADDRESS
14341 SW 97 LANE
CITY-ST-ZIP
MIAMI FL 33186 ☐ Delete

TITLE
NAME
D
RODRIGUE, FRANCISCO
STREET ADDRESS
2520 SW 68TH AVE.
CITY-ST-ZIP
MIAMI FL 33155 ☒ Delete

TITLE
NAME
D
SOTELO, JUAN E
STREET ADDRESS
8851 SW 142TH AVE., #501
CITY-ST-ZIP
MIAMI FL 33186 ☒ Delete

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

Date

Daytime Phone #

05/18/01 (305) 720-7566

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90369 038 ***550.00

769303



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)