

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**

**Jun 14, 2001 8:00 am  
Secretary of State**

06-14-2001 90008 017 \*\*\*150.00

**DOCUMENT #** P00000 103/48

1. Entity Name  
*Liquidsquare Inc.*

Principal Place of Business  
5523 N. Military Trail #1201  
Boca Raton, FL 33496

Mailing Address \*  
P.O. Box 1014  
Boca Raton, FL 33429

A0072984

2. Principal Place of Business  
*Same as above*

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number  
*65-1056518*

Applied For  
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
*Susan Heeren - Moleiro -  
5523 N. Military Trail #1201  
Boca Raton, FL 33496*

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 \_\_\_\_\_ (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	<i>President, Owner Susan Heeren - Moleiro 5523 N. Military Trail #1201 Boca Raton, FL 33496</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *6-2-01* Daytime Phone #: *561-281-6922*

CR2E034 (1/1/00)

Attachment  
04p0000103/48  
A0712984

June 2, 2001

Dear Sirs,

After requesting the annual report form from your agency on three different occasions, I was finally instructed to download it from your online site, Sunbiz.org. I have personally spoken to two agents and left a detailed recording requesting the form to be sent to my business P.O. Box and I never received it, (that was done back in February.) I would hope that you consider this and waive the late fee that is usually charged when annual report applications arrive late.

Thank you for your consideration—



Susan Heeren-Moleiro  
Liquidsquare Inc.  
Tlf: 561-251-6922