

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90104 041 ***158.75

DOCUMENT # P01000003353

1. Entity Name
LIQUIDALPHA STUDIO 3, INC.

Principal Place of Business

**551 MAPLE DR.
MARGATE FL 33063**

Mailing Address

**551 MAPLE DR.
MARGATE FL 33063**

2. Principal Place of Business

SAME

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1076318

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

**MONTES, AMY
551 MAPLE DR.
MARGATE FL 33063**

7. Name and Address of New Registered Agent

Name **JOANNA LUBCZANSKA**

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

551 MAPLE DR

City

MARGATE

FL

Zip Code

33063

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 **JOANNA LUBCZANSKA**

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

Joanna Lubczanska

(NOTE: Registered Agent signature required when reinstating)

1/23/02

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, 2002 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 **D** ☒ Delete
NAME **MONTES, AMY**
STREET ADDRESS **551 MAPLE DR.**
CITY-ST-ZIP **MARGATE FL 33063**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D, P** ☐ Change ☒ Addition
NAME **LUBCZANSKA, JOANNA**
STREET ADDRESS **551 MAPLE DR**
CITY-ST-ZIP **MARGATE, FL 33063**

TITLE **D, V** ☐ Change ☒ Addition
NAME **STEWART, LUKE**
STREET ADDRESS **551 MAPLE DR**
CITY-ST-ZIP **MARGATE, FL 33063**

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

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

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

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

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: **JOANNA LUBCZANSKA**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/02 **954-969-9419**
Date Daytime Phone #

CR2E034 (9/01)