## 2003 FOR PROFIT CORPORATION

" UN	IFORM	<b>BUSINE</b>	SS F	REPORT	r (l	JBR)										
DOCUMENT # P0100000  1. Entity Name LIQUID ASSETS, INC.				004223					DIVISION OF CORPOR  03 SEP -5 AM 8					STATE RATIONS		
Principal Place 16300 NE 19 / N MIAMI BEAC			16300 N	Address NE 19 AVE. #231 NI BEACH FL 33162						16. 11. 6818		141 <b>22114 88</b>	111 <b>48411 6</b> 78	11 <b>8</b> 11 <b>8</b> 18 111		
2. Principal P 1990 Suite, Apt.	lace of Business NE 16314 # etc	15f.	P.O.	ng Address Box 64 Apt. #, etc.	076	76			1 10081				`	•		
#	108										CK HERE	IF MAKI	NG CHA	/		
City & State	Niami Beach	( FL	7///	State . 2M ·	FL			4. 1	El Numb	<sup>er</sup> 65-	1071187			_	oliéd For Applicable	
33/6 6	2   Co	USA	Zip 33164	4-0726	Coun	ISA					s Desired		Fee F	75 Addi Required		
	6. Name and /	Address of Current F	registered	Agent	ساتنت <i>ه</i> د.	_Name÷	17=	1. N	ame and	Addres	s of New F	registere				
FERNANDES, MARK 16300 NE 19 AVE, #231							ddress (F	NE BO	ox Numb	er is Not	Acceptable 57	<u> </u>				
N MIAMI E	BEACH FL 33162	2				5	uite	#	108							
			1			City	orth	M	aml	Bck	,	F	L Z	ip Code	62	
8. The above the obligat	named entity sub- ions of registered a	nks this statement for agent.	the purpos	se of changing its	registere	ed office or	registere	ed age	nt, or bo	th, in the	State of Flo	orida. I a	am familia	ır with, a	ind accept	
SIGNATURE	Signature, typed or phote	fd name of registered agent a	nd title if applic	able. (NOTE	: Registere	d Agent signati	re required	when rei	nstating)			DAT	10-2			
After		E IS \$150.00 e will be \$550.00 ida Department of	State			•					ampaign Fi Contributio	-			May Be to Fees	
10.		OFFICERS AND I	DIRECTOR		11.	•	_	ADI	OITIONS	/CHANG	ES TO OFF	ICERS A				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DISSMAN, OLIV 16300 NE 19 A N MIAMI BEACI	VE, #231		☑ Delete		E E EET ADDRESS - ST-ZIP	D Dissr 1990 Nocti	nan NE h M	0L 163Ro	iver 15T Beac	ste#	=10B L 3		Change 2	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete					# <b>*</b>		225 01073		200	Change	☐ Addition	
TITLE Name Street address City-St-Zip				- Delete				,						Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			ч.	☐ Delete						,				Change	☐ Addition	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNA JUNE REQUIRED



## Accounting & Bookkeeping Service, 9nc.

1990 N.E. 163rd St., Suite #108 North Miami Beach, Fl 33162 (305) 945-7892 Fax (305) 945-7675

Date:

August 27, 2003

To:

Division of Corporations

Uniform Business Report Filings

P. O. Box 1500

Tallahassee, FL 32302-1500

From:

Mark Fernandes

Accounting & Bookkeeping Services, Inc.

1990 NE 163<sup>rd</sup> Street Suite # 108 North Miami Beach, Fl 33162

CC:

Oliver Dissman, President

Liquid Assets, Inc.

RE:

Resubmission of 2003 Uniform Business Report (UBR) for Liquid Assets, Inc.

Document # P01000004223.

## Dear Sir or Madam:

We recently received a 2003 Uniform Business Report (UBR) with a filing fee of \$550.00. On April 30, 2003 we mailed the requested 2003 Uniform Business Report (UBR) to the Department of State along with check # 1003 dated 4/30/03 for \$ 150.00 by certified mail (see attached).

Although, we had previously mailed the UBR in a timely manner, we are re-submitting the 2003 Uniform Business Report with a replacement check # 1186 dated 8/12/03. In addition, we are issuing a stop payment for check # 1003 dated 4/30/03 for the amount of \$ 150.00. If you have any questions please call me at 305-945-7892.

Thank you for prompt response,

Mark Fernandes

Accounting & Bookkeeping Services, Inc.

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	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided  Total Postage \$ \$0.34  Restricted Delivery Fee (Endorsement Required)  Total Postage & Fees \$ \$10.00  Restricted Delivery Fee (Endorsement Required)  Total Postage & Fees \$ \$142.44  Recipient's Name (Please Print Clearly) (To be completed by mailer)  Officery, Apr. No.; or PO Box No.  Cor. P. Strept, Apr. No.; or PO Box No.  City, Siled, Zip+4  Tall a Nul See F- 32302-1500  PS Form \$800, February 2000  See Reverse (or Instruction)	