

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91790 037 \*\*\*150.00

**DOCUMENT # P01000012224**

1. Entity Name  
**ZIPHEX CONSULTING, INC.**



Principal Place of Business  
**4700 HIATUS ROAD  
SUITE 157  
SUNRISE FL 33351**

Mailing Address  
**4700 HIATUS ROAD  
SUITE 157  
SUNRISE FL 33351**



2. Principal Place of Business  
**5405 NW 102 Ave.**

3. Mailing Address  
**5405 NW 102 Ave.**

Suite, Apt. #, etc.  
**Suite 201**

Suite, Apt. #, etc.  
**Suite 201**

City & State  
**SUNRISE, FL**

City & State  
**Sunrise, FL**

Zip  
**33351**

Country  
**US**

Zip  
**33351**

Country  
**US**

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1072905**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**LIBERMAN, LEA  
2699 STIRLING ROAD  
SUITE A-304  
FT. LAUDERDALE FL 33312**

**7. Name and Address of New Registered Agent**

Name

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

**Suite A-305**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Lea Liberman*  
Signature (typed or printed name of registered agent and title if applicable).

(NOTE: Registered Agent signature required when reinstating)

**4/27/03**  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSD  
BONI, LOUIS A JR.  
11859 N.W. 27 STREET  
CORAL SPRINGS FL 33065** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPTD  
LIBERMAN, AMIR  
7049 MARIPOSA CIRCLE WEST  
PEMBROKE PINES FL 33331** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ 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:**

*Amir Liberman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Amir Liberman** **4/29/03** **954 572 0024**  
Date Daytime Phone #

CR2E034 (10/02)