

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90211 036 ***150.00

DOCUMENT # P01000023495

1. Entity Name
LIBERTY FINANCIAL TRADING CORP., INC.



Principal Place of Business
3085 ESTATES DRIVE
POMPANO BEACH FL 33069

Mailing Address
3085 ESTATES DRIVE
POMPANO BEACH FL 33069

2. Principal Place of Business
3500 Gateway Dr
Suite, Apt. #, etc.
#100

3. Mailing Address
3500 Gateway Dr
Suite, Apt. #, etc.
#100

City & State
Pompano Beach, FL

City & State
Pompano Beach, FL

Zip Country
33069 USA

Zip Country
33069 USA

4. FEI Number 65-1102275

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ROMEO, TED L
3085 ESTATES DRIVE
POMPANO BEACH FL 33069

7. Name and Address of New Registered Agent

Name Shauna L. Romeo
Street Address (P.O. Box Number is Not Acceptable)
3500 Gateway Dr.
#100
City Pompano Beach FL Zip Code 33069

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 *X Shauna L. Romeo*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 ☐ \$5.00 May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ROMEO, TED L	
STREET ADDRESS	3085 ESTATES DRIVE	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Shauna L. Romeo	
STREET ADDRESS	3500 Gateway Dr, #100	
CITY-ST-ZIP	Pompano Beach, FL 33069	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *X Shauna L. Romeo*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)