

2002
**FOR PROFIT CORPORATION
UNIFORM-BUSINESS-REPORT-(UBR)**

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90054 041 ***150.00

DOCUMENT # P01000036327

1. Entity Name
LIQUIDATIONS CENTER, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

275 NE 1st Street

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

4. FEI Number

65-1095139

Applied For

Not Applicable

Zip

33132

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Martha Negrete

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

19477 NE 10th Avenue #231

City

North Miami

FL

Zip Code

33179

**DO NOT WRITE
IN THIS SPACE**

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

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

(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)



January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

PES

Martha Negrete

19477 NE 10th Avenue #231

North Miami, FL 33179

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VP&T

Paula Joshara Zarzar

19477 NE 10th Avenue #231

North Miami, FL 33179

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Martha Negrete

3/23/02

Date

**305
873-3974**

Daytime Phone #

CR2E034B (12/01)