## 2002 UNIFORM BUSINESS REPORT (UBR)

AGNATURD REDUCINED

SIGNATURE:

## Mar 03, 2002 8:00 am § Secretary of State DOCUMENT # P01000112045 1. Entity Name 03-03-2002 90067 019 \*\*\*150.00 LIBERTY RETAIL CORPORATION Principal Place of Business Mailing Address 605 SW 7TH AVE 605 SW 7TH AVE FT LAUDERDALE FL 33315 FT LAUDERDALE FL 33315 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 65-1156641 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FOUNDS, DAVID Street Address (P.O. Box Number is Not Acceptable) 605 SW 7TH AVE FT LAUDERDALE FL 33315 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME FOUNDS, DAVID STREET ADDRESS STREET ADDRESS 605 SW 7TH AVE CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33315 ☐ Addition Change ☐ Delete TITLE TITLE STD NAME NAME FOUNDS, LISA STREET ADDRESS STREET ADDRESS 605 SW 7TH AVE CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33315 ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE Change TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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

**FILED**