FILED
May 12, 2003 8:00 am
Secretary of State
04-16-2003 90179 048 ***150.00

2003

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

4/1

DOCUMENT # P02000044573

1. Entity Name
LIBERTY PROPERTY HOLDINGS OF FLORIDA

DO NOT WRITE IN THIS SPACE

55039512

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5711 NW 112 CT	5711 NW 112 CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33178 Country: USA	Zip: 33178 Country: USA

4. FEI Number: 81-0604710 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: FRANCISCO VILLALBA

Street Address (P.O. Box Number is Not Acceptable): 5711 NW 112 CT

City: MIAMI FL Zip Code: 33178

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	DVT	TITLE	
NAME	FRANCISCO VILLALBA	NAME	
STREET ADDRESS	5711 NW 112 CT	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33178	CITY-ST-ZIP	
TITLE	DPS	TITLE	
NAME	CARLOS A VILLALBA	NAME	
STREET ADDRESS	5711 NW 112 CT	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33178	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	MARIA DEL CARMEN VILLALBA	NAME	
STREET ADDRESS	5711 NW 112 CT	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33178	CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/02)

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

SIGNATURE: X _____ FRANCISCO VILLALBA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

STF FL32381F.1