

FILED  
Jun 26, 2003 8:00 am  
Secretary of State

06-26-2003 90039 010 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000063429

1. Entity Name  
**LIZBELL CORPORATION**

Principal Place of Business  
12781 SW 280TH ST.  
MIAMI, FL 33032

Mailing Address  
12781 SW 280TH ST.  
MIAMI, FL 33032

2. Principal Place of Business  
**4701 NW 3 St**  
Suite, Apt. #, etc.

3. Mailing Address  
**4701 NW 3 St**  
Suite, Apt. #, etc.

City & State  
**MIAMI FL**

City & State  
**MIAMI, FL**

Zip  
**33126**

Country  
**US**

Zip  
**33126**

Country  
**US**

4. FEI Number  
**01-0708586**

Applied For  
☐ Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

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

ARIAS, ELIZABETH  
12781 SW 280TH ST.  
MIAMI, FL 33032

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

Name **ELIZABETH ARIAS**  
Street Address (P.O. Box Number Is Not Acceptable)  
**4701 NW 3 St**  
**MIAMI FL 33126**  
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

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

(NOTE: Registered Agent's signature required when initiating)

DATE

**6/18/03**

**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**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSD  
ARIAS, ELIZABETH  
12781 SW 280TH ST.  
MIAMI, FL 33032 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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STREET ADDRESS  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**President**  
**ELIZABETH ARIAS**  
**4701 NW 3 St**  
**MIAMI, FL 33126** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Vice President**  
**Adalberto Bello**  
**4701 NW 3 St**  
**MIAMI, FL 33126** ☐ Change ☒ Addition

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

**ELIZABETH ARIAS**

**6/18/03**

CR2034 (10/02)