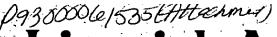
## 2000 UNIFORM BUSINESS REPORT (UBR)

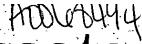
## FILED Jul 20, 2000 8:00 am Secretary of State DOCUMENT # **P93000061535** 1. Entity Name LIQUID ASSETS OF FLORIDA UNLIMITED, INC. 07-20-2000 90014 029 \*\*\*150.00 Principal Place of Business Mailing Address 8563 N.W. 52ND PLACE 8563 N.W. 52ND PLACE CORAL SPRINGS FL 33067 CORAL SPRINGS FL 33067 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0534230 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required -- -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEVINE, DAVID H Street Address (P.O. Box Number is Not Acceptable) 8563 N.W. 52ND PLACE CORAL SPRINGS FL 33067 Zip Code FL 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 FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. PD ☐ Change ☐ Addition TITLE Defete TITLE LEVINE DAVID NAME NAME STREET ADDRESS 8563 NW 52ND PLACE STREET ADDRESS CITY-ST-ZIP **CORAL SPRINGS FL** CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 Block 12 if

changed, or on an attachment with an address, with all other like empowered

**SIGNATURE** 







## Liquid Assets OF FLORIDA

July 14, 2000

Division of Corporations P.O. Box 6327: Tallahassee, FL 32314;

Re: 2000 Uniform Business Report (UBR)

Document # P93000061535 / Liquid Assets of Florida Unlimited, Inc.

Dear Sir or Madam:

Upon informing your office by phone that I did not receive the FIRST NOTICE for filing. the 2000 Uniform Business Report, I was advised that your department would accept my report form along with a \$150.00 filing fee and this letter of explanation.

Please contact me should you have any questions.

Sincerely,

David H. Levine, President

Liquid Assets of Florida Unlimited, Inc.