

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000002585

1. Entity Name

LIBERTY FINANCIAL ASSOCIATES, INC.

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90034 020 ***150.00

Principal Place of Business

150 E. PALMETTO PARK RD.
BOCA RATON FL 33432

Mailing Address

150 E. PALMETTO PARK RD.
BOCA RATON FL 33432-4827

2. Principal Place of Business

7062 BERACASH WAY

Suite, Apt. #, etc.

3. Mailing Address

7062 BERACASH WAY

Suite, Apt. #, etc.

City & State

BOCA RATON FLORIDA

Zip 33433

Country U.S.A.

City & State

BOCA RATON, FLORIDA

Zip 33433

Country U.S.A.

4. FEI Number

65-0457680

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KLEIN, WARREN
5550 WITNEY DRIVE
#306
DELRAY BEACH FL 33484

7. Name and Address of New Registered Agent

Name

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

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.

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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	PD	<input type="checkbox"/> Delete
NAME	KLEIN, DAVID	
STREET ADDRESS	150 E. PALMETTO PARK RD.	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	KLEIN, WARREN	
STREET ADDRESS	150 E. PALMETTO PARK RD.	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KLEIN, PHYLLIS	
STREET ADDRESS	150 EAST PALMETTO PARK RD. #101	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (9/99)