

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000065531 (3)

1. Corporation Name

JEFFREY LIEBERMAN, INC.

Principal Place of Business

2750 NE 183RD ST #2707
N MIAMI BEACH FL 33160

Mailing Address

2750 NE 183RD ST #2707
N MIAMI BEACH FL 33160

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

03/01/1994

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

4. FEI Number

65-0526105

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for interjurisdictional tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LIEBERMAN, JEFFREY
2750 NE 183RD ST #2707
N MIAMI BEACH FL 33160

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(If 31E, Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

LIEBERMAN, JEFFREY

STREET ADDRESS

2750 NE 183RD ST #2707

CITY, ST, ZIP

N MIAMI BEACH FL 33160

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13.

ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

11 TITLE

☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

15 TITLE

☐ Change ☐ Addition

16 NAME

17 STREET ADDRESS

18 CITY, ST, ZIP

19 TITLE

☐ Change ☐ Addition

20 NAME

21 STREET ADDRESS

22 CITY, ST, ZIP

23 TITLE

☐ Change ☐ Addition

24 NAME

25 STREET ADDRESS

26 CITY, ST, ZIP

27 TITLE

☐ Change ☐ Addition

28 NAME

29 STREET ADDRESS

30 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Jeffrey Lieberman
JEFFREY LIEBERMAN

7/3/95

305-933-5776