

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90118 047 \*\*\*150.00

**DOCUMENT #**

P95000063202

1. Entity Name

LIQUID, INC.

Principal Place of Business

1439 Washington Ave.  
 Miami Beach, Fl 33139

Mailing Address

407 Lincoln Rd,  
 Ste #9G  
 Miami Beach, Fl 33139

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

c/o Chadroff

Suite, Apt. #, etc.

1931 NE 197 Terrace

City & State

City & State  
 N Miami Beach, Fl

4. FEI Number

65-0602769

Applied For

Not Applicable

Zip

Country

Zip

33139

Country

USA

5. Certificate of Status Desired

☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

*AWB3462*

6. Name and Address of Current Registered Agent

Jennifer L. Schechtman, CPA  
 9050 Pines Blvd, Ste 205  
 Pembroke Pines, Fl 33024

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)

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**FILE NOW!!! FEE IS \$150.00**

**After MAY 1, 2001 Fee will be \$550.00**

**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution.

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**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: D/P/V/S/T  
 NAME: Ludwigsen, Christian  
 STREET ADDRESS: 3675 Flamingo Dr.  
 CITY-ST-ZIP: Miami Beach 33139

☐ Delete

TITLE:   
 NAME:   
 STREET ADDRESS:   
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: Ludwigsen, Christian  
 NAME: c/o Chadroff  
 STREET ADDRESS: 1931 NE 197 Terrace  
 CITY-ST-ZIP: N. Miami Beach, Fl 33179

☒ Change ☐ Addition

TITLE:   
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 STREET ADDRESS:   
 CITY-ST-ZIP:

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 STREET ADDRESS:   
 CITY-ST-ZIP:

☐ Change ☐ Addition

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:

*Christian Ludwigsen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01

Date

Daytime Phone #

CR2E034 (11/00)