

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000087304

1. Entity Name
ALLAN LIEBERMAN, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9849 MANTOVA DRIVE
Suite, Apt. #, etc.
City & State
LAKE WORTH, FL
Zip
33467

3. Mailing Address
9849 MANTOVA DRIVE
Suite, Apt. #, etc.
City & State
LAKE WORTH, FL
Zip
33467

4. FEI Number
65-0620164
5. Certificate of Status Desired
 \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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7. Name and Address of Current Registered Agent

Name
ALLAN LIEBERMAN
Street Address (P.O. Box Number is Not Acceptable)
9849 MANTOVA DRIVE
City
LAKE WORTH

FL Zip Code
33467

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 *Allan Lieberman* ALLAN LIEBERMAN - PRES
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

4-29-03

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	PRES ALLAN LIEBERMAN 9849 MANTOVA DRIVE LAKE WORTH, FL 33467	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE *Allan Lieberman* A. LIEBERMAN - PRES 4-29-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #