

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91162 023 \*\*\*150.00

**DOCUMENT #** P95000087304

**1. Entity Name**

ALLAN LIEBERMAN, INC.

**DO NOT WRITE IN THIS SPACE**

**90130177**

**2. Principal Place of Business**

9849 MANTOVA DRIVE

Suite, Apt. #, etc.

**3. Mailing Address**

9849 MANTOVA DRIVE

Suite, Apt. #, etc.

**DO NOT WRITE IN THIS SPACE**

**City & State**

LAKE WORTH, FL

**City & State**

LAKE WORTH, FL

**4. FEI Number**

65-0620164

**Applied For**

**Not Applicable**

**Zip**

**Country**

33467

**Zip**

**Country**

33467

**5. Certificate of Status Desired** ☐

**\$8.75 Additional**

**Fee Required**

**DO NOT WRITE IN THIS SPACE**

**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**

*Allen Lieberman*

ALLAN LIEBERMAN - PRES

4-29-03

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

(NOTE: Registered Agent signature required when reinstating)

**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	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PRES	ALLAN LIEBERMAN	9849 MANTOVA DRIVE	LAKE WORTH, FL 33467				

**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**

*Allen Lieberman*

A. LIEBERMAN - PRES 4-29-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date**

**Daytime Phone #**