

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90018 025 ***150.00

DOCUMENT # P97000008529

1. Entity Name

LIBERTY METAL, INC.

Principal Place of Business

Mailing Address

100 SW 152ND AVENUE, APT #16
 FL 33143

7490 SW 152ND AVENUE, APT #16
 MIAMI FL 33143-7346

2. Principal Place of Business

3. Mailing Address

7680 SW 82nd

7680 SW 82nd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

H-121

H-121

City & State

Miami FL

City & State

Miami FL

Zip

33143

Country

USA

Zip

33143

Country

USA

6. Name and Address of Current Registered Agent

CENTENO, DAMARIS
 2400 SW 26TH LANE
 MIAMI FL 33133

7. Name and Address of New Registered Agent

Name

Same

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

City

FL

Zip Code

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0724122

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

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 DAMARIS Centeno

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Damaris Centeno 1/31/2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	CENTENO, DAMARIS	
STREET ADDRESS	2400 SW 26TH LANE	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GARCIA, OTTO R	
STREET ADDRESS	8440 SW 107TH AVE. #310	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

CR2E034 (9/99)

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 #

Damaris Centeno 1/31/2000 (305) 740-7929