## 2001 UNIFORM BUSINESS REPORT (UBR)

## Feb 05, 2001 8:00 am DOCUMENT # P97000008529 **Secretary of State** 1. Entity Name LIBERTY METAL, INC. 02-05-2001 90093 040 \*\*\*150.00 Principal Place of Business Mailing Address 7680 SW 625T-HIZE 1760 W. 33 PL 7680 SW 82ST H121 MIAMI FL 33193 UUUIJ014 Hiakah Fc. 2. Principal Place of Business 1760 W. 32 Place 3. Mailing Address 7680 SW 82 Btreet Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4131 Applied For Hiakah City & State 4. FEI Number 65-0724122 Not Applicable Country Country Ox **\$8.75** Additional. 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CENTENO, DAMARIS Street Address (P.O. Box Number is Not Acceptable) **2400 SW 26TH LANE** MIAMI FL 33133 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) Addition ☐ Defete TITLE Change TITLE CENTENO, DAMARIS NAME STREET ADDRESS STREET ADDRESS 2400 SW 26TH LANE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33133 TITLE ☐ Delete TITLE Change ■ Addition NAME GARCIA, OTTO R NAME STREET ADDRESS STREET ADDRESS 8440 SW 107TH AVE. #310 CITY\_ST-ZIP CITY-ST-7IP MIAMI FL 33173-TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR