

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000035412

1. Entity Name

E.F. LIEBMAN REALTY, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90027 020 ***150.00

Principal Place of Business

Mailing Address

1802 N. UNIVERSITY DRIVE, SUITE 203-E
PLANTATION FL 33322

1802 N. UNIVERSITY DRIVE, SUITE 203-E
PLANTATION FL 33322-4113

U 4 6 6 1 0



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

APT 311
3091 SUNRISE LAKES DR. E.

3091 SUNRISE LAKES DR. E.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUNRISE

APT 311

City & State

City & State

FLORIDA

SUNRISE, FLORIDA

33322

U.S.A.

33322

U.S.A.

4. FEI Number

65-0746731

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEVENSKI, PETER

1802 N. UNIVERSITY DRIVE, SUITE 203-E
PLANTATION FL 33322

3091 SUNRISE LAKES DR. E #311
SUNRISE, FL 33322

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)

☒

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 PSTD ☐ Delete
NAME DEVENSKI, PETER
STREET ADDRESS 1802 N. UNIVERSITY DRIVE, SUITE 203-E
CITY-ST-ZIP PLANTATION FL 33322

TITLE ☒ Change ☐ Addition
NAME 3091 SUNRISE LAKES DR. E APT 311
STREET ADDRESS SUNRISE, FL 33322
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 #

CR2E034 (9/99)