

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

**FILED**  
**Feb 17, 2002 8:00 am**  
**Secretary of State**

02-17-2002 90036 035 \*\*\*150.00

DOCUMENT # P97000038651 ✓  
1. Entity Name  
American Liberty Realty, Inc.

**DO NOT WRITE IN THIS SPACE**

822250

2. Principal Place of Business  
9100 S Dadeland Blvd  
Suite, Apt. #, etc.  
PH 1, #1701  
City & State  
Miami, FL  
Zip  
33156 Country  
USA

3. Mailing Address  
9100 S Dadeland Blvd  
Suite, Apt. #, etc.  
PH 1, #1701  
City & State  
Miami, FL  
Zip  
33156 Country  
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number  
65-0746489  
Applied For  
☐ Not Applicable  
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  
Carmora Felipe  
Street Address (P.O. Box Number is Not Acceptable)  
9100 S Dadeland Blvd  
PH 1, #1701  
City  
Miami FL Zip Code  
33156

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) ☐

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P.D. Carmora Felipe  
9100 S Dadeland Blvd, PH 1, #1701  
Miami, FL 33156

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Felipe Carmora  
Director

1/20/02  
Date

305-  
670-0120  
Daytime Phone #

CR2E034B (12/01)