

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

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90470 022 ***150.00

DOCUMENT # **P 97000038651**

1. Entity Name

American Liberty Realty, Inc.



DO NOT WRITE IN THIS SPACE

90039229

2. Principal Place of Business

9100 S. Dadeland Blvd

3. Mailing Address

9100 S. Dadeland Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PH 1, #1701

PH 1, #1701

City & State

City & State

Miami, FL

Miami, FL

Zip

Zip

33156

33156

Country

Country

USA

USA

4. FEI Number

65-0746489

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Carmona Felipe

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

9100 S. Dadeland Blvd

PH 1, #1701

City

Miami

FL

Zip Code

33156

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IN THIS SPACE**

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

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
**P.D.
Carmona Felipe
9100 S. Dadeland Blvd, PH1, #1701
Miami, FL 33156**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CR2E034B (12/02)

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 persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Felipe Carmona
Director

Date

2/18/03

Daytime Phone #

305-670-0120