

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000068739

1. Entity Name

LIBERTY BELL MORTGAGE CORP.

FILED

Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90064 018 ***150.00

Principal Place of Business

Mailing Address

1800 W 49ST
#219
HIALEAH FL 33012
US

1800 WEST 29TH STREET
SUITE 219
HIALEAH FL 33012

2. Principal Place of Business

3. Mailing Address

1405 W. 49 STREET
Suite, Apt. #, etc.

1405 W. 49 STREET
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

HIALEAH, FL

HIALEAH, FL

4. FEI Number

65-0773255

Applied For

Not Applicable

Zip

Country

33012

USA

Zip

Country

33012

USA

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

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 ☐ Delete
NAME PSTD
STREET ADDRESS OLIVA, RICARDO E
CITY-ST-ZIP 1800 W 29TH ST, STE 219
HIALEAH FL 33012

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 #

1/21/00 305-824-1190

CR2E034 (9/99)