2002 UNIFORM	BUSINESS REPORT (UBR)	FILED		
DOCUMENT # P97000081455 1. Entity Name LIBERTIES LAS OLAS, INC.		Jan 15, 2002 8:00 at Secretary of State 01-15-2002 90041 039 ***150.00		
Principal Place of Business	Mailing Address			
888 É LAS OLAS BLVD	PO BOX 1360	8 0 0 0 0 Z		

BOCA RATON FL 33429-1360

FT LAUDERDALE FL 33301

NAME

STREET ADDRESS

SIGNATURE:

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2. Principal Place of Business 260 St MIZNUT R)						
Suite, Apt. #, etc. #63	ite, Apt. #, etc. Syite, Apt. #, etc.			DO NOT WRITE IN THIS			S SPACE		
Sity & State Day E	,	Zty & State	1 4	4. F	El Number 65-6	784119		pplied For]
BOLA KATUN, F	۷	BOCA FATR						ot Applicable	4
33/32 (334)	try	33/32	County	5 . C	Certificate of Status	Desired	\$8.75 Ad Fee Require	ditional ed	
6. Name and Add	dress of Current Re	gistered Agent		7. N	ame and Address	of New Registere	ed Agent		1
~ -	-		- Name	·			 -	. 1 =	1
Bregman, Howard			Stroot Adds	oss (P.O. Pr	ov Alumbor is Not	162 ntahlok	11.		┨
888 EAST LAS OLAS BLVD			Street Addr	الريسي المراكزة	1/2000	<i>5</i> 200 1	外は		1
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T DAODENDALL TE 35501)				-
·			City XY Y	CA T	YOZUN	F	L %3%	13 2	1
8. The above name entity submits	this statement for th	o surpose of shanaina ite	ragistared office or re-	gistered age	ant or both in the	State of Florida			1
B. The above names entity submits	s this statement for tr	ie purpose of changing its	registered office of reg	gistered age	ent, or boun, in the	State of Florida.			
14							200		
SIGNATURE Signature typed or pripad pr		AND TO A STATE OF THE STATE OF	E: Registered Agent signature re	earlised when roll	notating)	<u>هِ که که ک</u>			
Signature Typed or printed ha	ame of registered agent and	title it applicable. (NOTI	E: Hegistered Agent signature n	equired when rei	nstating)	2 5A1			4
9. This corporation is eligible to sa	itisfy its Intangible	FILE NOW!	!! FEE IS \$150.00		10 Floation Co.	mpajan Einancina	¢E (30	
			02 Fee will be \$550.		10. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees	
(See criteria on back)		Make Check Payat	ole to Department of	f State	Trader and	Sona isation:		Q 10 1 663	ļ
11.	OFFICERS AND DII	RECTORS	12.	ADI	DITIONS/CHANGE	S TO OFFICERS A	ND DIRECTOR	S IN 11	1
TITLE D		Doelete	TITLE				☐ Change	☐ Addition	(10/6)
NAME BREGMAN, LOUIS	3		NAME						0
STREET ADDRESS 7930 WELLWYND			STREET ADDRESS						8
CITY-ST-ZIP BOCA RATON FL		,	CITY-ST-ZIP						2F034
TITLE D		Delete	TITLE				Change	☐ Addition	1 🛱
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NAME BREGMAN, HOWA	ard		NAME	ری ریا	M12 AND	BLUD #61	3		ļ
STREET ADDRESS 309 PLAZA REAL			STREET ADDRESS 2	<u> </u>	7,1000	22,12			1
CITY-ST-ZIP BOCA RATON FL	. 33432		CITY-ST-ZIP	5000 F	47W, FL	2272 C	,		1
TITLE		☐ Delete	TITLE		,		Change	Addition	
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STREET ADDRESS			STREET ADDRESS						
* **			3 INCEL ADDITESS						
CITY-ST-ZIP			CITY-ST-ZIP						1

NAME STREET ADDRESS

NATURE REQUIRED

13. I hereby certify that the information supplied with this filling 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 sympley ental 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 referee 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 attachmap with an address, with all other like empowered.