

2000 UNIFORM BUSINESS REPORT (UBR)

8/

FILED
Aug 29, 2000 8:00 am
Secretary of State

08-02-2000 90001 024 ***150.00

DOCUMENT # P98000098223

1. Entity Name

LIBERTY SHOE, INC.

R

Principal Place of Business

**4139 OKEECHOBEE BLVD.
 WEST PALM BEACH FL 33409**

Mailing Address

**4139 OKEECHOBEE BLVD.
 WEST PALM BEACH FL 33409**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-085691

APPLIED FOR

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

**RAHUL, MD
 4139 OKEECHOBEE BLVD.
 WEST PALM BEACH FL 33409**

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 \$550.00
 After SEPTEMBER 13, 2000 Min. will be \$750.00
 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 **PD** ☐ Delete
 NAME **RAHUL, MD**
 STREET ADDRESS **4139 OKEECHOBEE BLVD.**
 CITY-ST-ZIP **WEST PALM BEACH FL 33409**

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

TITLE **SD** ☐ Delete
 NAME **DEY, MC.**
 STREET ADDRESS **4139 OKEECHOBEE BLVD.**
 CITY-ST-ZIP **WEST PALM BEACH FL 33409**

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

TITLE **TD** ☐ Delete
 NAME **HABIBULLAH,**
 STREET ADDRESS **4139 OKEECHOBEE BLVD.**
 CITY-ST-ZIP **WEST PALM BEACH FL 33409**

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

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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: *X*

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MD BOH9C

Date

Daytime Phone #

P98000098223

Attachment

309486

TAX HELP OF BOCA RATON
855 SOUTH FEDERAL HIGHWAY # 205
BOCA RATON, FLORIDA 33432
JULY 20, 2000

DIVISION OF CORPORATIONS
P.O. BOX 1500
TALLAHASSEE, FLORIDA 32302-1500

RE:LIBERTY SHOE, INC.

GENTLEMEN:

~~MY CLIENT REFERRED THE ENCLOSED NOTICE TO ME. PLEASE BE ADVISED~~
~~THAT HE INFORMS ME THAT HE NEVER RECEIVED THE FIRST REPORT WHICH~~
~~WAS DUE BEFORE APRIL 30, 2000. HE HAD NO INTENTION OF AVOIDING THIS~~
~~OBLIGATION AND DESIRES TO STAY IN BUSINESS.~~

WE ARE ENCLOSING THE FORM WITH A CHECK FOR \$ 150.00 WHICH WE TRUST
YOU WILL ACCEPT. THANK YOU.

VERY TRULY YOURS,

TAX HELP OF BOCA RATON

BY

ALAN L. SCHWARTZ, PRESIDENT

ENCS.