

2000 UNIFORM BUSINESS REPORT (UBR)

3/

DOCUMENT # P98000098763

1. Entity Name

LIAD INTERNATIONAL CO.

FILED
May 11, 2000 8:00 am
Secretary of State

03-22-2000 90218 015 ***150.00

Principal Place of Business

4000 TOWERSIDE TERRACE, S-1504
MIAMI FL 33138

Mailing Address

4000 TOWERSIDE TERRACE, S-1504
MIAMI FL 33138-2239

2. Principal Place of Business

1536 NE QUAYSIDE TERR
Suite, Apt. #, etc.

3. Mailing Address

1536 NE QUAYSIDE TERRACE
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIAMI FLORIDA

Zip
33138

Country
USA

City & State

MIAMI FLORIDA

Zip
33138

Country
USA

4. FEI Number

APPLIED FOR
65-0904910

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROSS, ADAM
4000 TOWERSIDE TERRACE, S-1504
MIAMI FL 33138

7. Name and Address of New Registered Agent

Name

ADAM ROSS
Street Address (P.O. Box Number is Not Acceptable)
1536 NE QUAYSIDE TERRACE

City

MIAMI

FL

Zip Code

33138

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

ADAM ROSS, PRES 3.15.00

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

TITLE	PST	<input type="checkbox"/> Delete
NAME	ROSS, ADAM	
STREET ADDRESS	4000 TOWERSIDE TERR	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAM ROSS	
STREET ADDRESS	1536 NE QUAYSIDE TERRACE	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 filers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ADAM ROSS, PRES

Date

Daytime Phone

3.15.00 305.812.6125

CR2E034 (9/99)