

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000066922

1. Entity Name  
LIBERTIS.COM, INC.

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90867 028 \*\*\*550.00

Principal Place of Business  
C/O CORPORATION SERVICE COMPANY  
1201 HAYS ST  
TALLAHASSEE FL 32301

Mailing Address  
C/O CORPORATION SERVICE COMPANY  
1201 HAYS ST  
TALLAHASSEE FL 32301-2608



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>Libertis.com, Inc.</b> Suite, Apt. #, etc. <b>123 S.E. 3rd Avenue</b> City & State <b>Miami, FL</b> Zip <b>33131</b>		3. Mailing Address <b>400 N. Ashley Drive</b> Suite, Apt. #, etc. <b>Suite 2300 123 S.E. 3rd Avenue</b> City & State <b>Tampa, Florida</b> Zip <b>33602 33131</b>		4. FEI Number <b>59-3612166</b>		Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY</b> <b>1201 HAYS STREET</b> <b>TALLAHASSEE FL 32301-2525</b>		7. Name and Address of New Registered Agent Name <b>Corporate Creations Enterprises, Inc.</b> Street Address (P.O. Box Number is Not Acceptable) <b>941 Fourth Street, #200</b> City <b>Miami Beach</b> FL Zip Code <b>33139</b>	
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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 **Andreas M. Kelly, Vice President** DATE **5-9-2000**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>D</b> NAME <b>DE LOPE, ADRIAN</b> STREET ADDRESS <b>EMERSON 234-801 COL. POLANCO</b> CITY-ST-ZIP <b>MEXICO, D.F. MEXICO FL 11560</b>	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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** **3-13-2000** **(877)351-7699**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)