

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2002 8:00 am
Secretary of State

09-11-2002 90127 026 ***550.00

DOCUMENT # P99000105301

1. Entity Name
LIVERPOOL TRADE, CORP.

Principal Place of Business
**1585 SALERNO CIRCLE
 WESTON FL 33327
 US**

Mailing Address
**801 VILLAGE BLVD.
 SUITE 306
 W. PALM BEACH FL 33409**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **65-0979045**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**YUNOZ, JOSE
 1685 SALERNO CIR
 WESTON FL 33327**

JOSE MUÑOZ

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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, 2002 Fee 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	MUNOZ, JOSE M	
STREET ADDRESS	1155 CHEVELLE CIRCLE	
CITY-ST-ZIP	WESTON FL 33327	
TITLE	JOSE MUÑOZ	<input checked="" type="checkbox"/> Delete
NAME	CRUZ, MANUEL	
STREET ADDRESS	1585 SALERNO CIRCLE	
CITY-ST-ZIP	WESTON FL 33327	
TITLE	JOSE MUÑOZ	<input checked="" type="checkbox"/> Delete
NAME	CRUZ, LUCY	
STREET ADDRESS	1585 SALERNO CIRCLE	
CITY-ST-ZIP	WESTON FL 33327	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LOPEZ, MARIA A	
STREET ADDRESS	1801 CORAL WAY	
CITY-ST-ZIP	MIAMI FL 33145	
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	<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	
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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 like empowered.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/06/02
 Date
(954) 384-0218
(954) 649-89-62
 Daytime Phone #

CR2034 (4/02)