

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S66743

1. Entity Name

EDITORIAL LIBERTAD CORP.

Principal Place of Business

5840 W 18TH LN  
SUITE 201  
HIALEAH FL 33012  
US

Mailing Address

P O BOX 126834  
HIALEAH FL 33012  
US

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

65-0321838

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

TORRES, LAZARO  
5840 W. 18TH LANE, #201  
HIALEAH FL 33012

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 \$150.00**

**After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME TORRES, LAZARO  
STREET ADDRESS 5840 W. 18TH LANE, #201  
CITY-ST-ZIP HIALEAH FL ☐ Delete

TITLE V  
NAME RODRIQUEZ, ROBERTO A.  
STREET ADDRESS 4736 BRADENTON RD  
CITY-ST-ZIP SARASOTA FL ☐ Delete

TITLE T  
NAME CASTILLO, EDDIE L  
STREET ADDRESS 1029 S.W. 5TH STREET, #1  
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE C  
NAME MIRANDA, EDUARDO  
STREET ADDRESS 4320 N.W. 79 AVE. #2E  
CITY-ST-ZIP MIAMI FL 33166 ☐ Delete

TITLE S  
NAME GOULBOURNE, JULIA  
STREET ADDRESS 5840 W. 18TH LANE, #201  
CITY-ST-ZIP HIALEAH FL ☐ Delete

TITLE M  
NAME FERNANDEZ, LUZ M  
STREET ADDRESS 225 NE 123 ST  
CITY-ST-ZIP NO MIAMI FL 33161 ☐ Delete

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

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

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

TITLE V/C  
NAME MIRANDA, EDUARDO  
STREET ADDRESS 6061 Indian Creek #1  
CITY-ST-ZIP Miami Beach Fl. 33140 ☐ Change ☒ Addition

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

TITLE M  
NAME FERNANDEZ, LUZ M.  
STREET ADDRESS 368 E. 16St. Apt. A  
CITY-ST-ZIP Hialeah Fl. 33010 ☒ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 12, 2001

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)