

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90022 001 ***158.75

DOCUMENT # S76145

1. Entity Name
LIMONAR DEVELOPMENT, INC.

Principal Place of Business 260 CRANDON BLVD. SUITE 26C KEY BISCAZYNE FL 33149	Mailing Address 260 CRANDON BLVD. SUITE 26C KEY BISCAZYNE FL 33149
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A0012450



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0294644		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
CORDOBA, MARIA C 260 CRANDON BLVD #26 KEY BISCAZYNE FL 33149				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CORDOBA, ALFONSO			NAME			
STREET ADDRESS	260 CRANDON BLVD #26			STREET ADDRESS			
CITY-ST-ZIP	KEY BISCAZYNE FL			CITY-ST-ZIP			
TITLE	VP/S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CORDOBA GOOD, MARIA C			NAME			
STREET ADDRESS	260 CRANDON BLVD #26			STREET ADDRESS			
CITY-ST-ZIP	KEY BISCAZYNE FL 33149			CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GOOD, SIDNEY S			NAME			
STREET ADDRESS	260 CRANDON BLVD. STE 26			STREET ADDRESS			
CITY-ST-ZIP	KEY BISCAZYNE FL			CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CORDOBA, VIRGINIA			NAME			
STREET ADDRESS	260 CRANDON BLVD. STE 26			STREET ADDRESS			
CITY-ST-ZIP	KEY BISCAZYNE FL			CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CORDOBA, CECILIA			NAME			
STREET ADDRESS	260 CRANDON BLVD. STE 26			STREET ADDRESS			
CITY-ST-ZIP	KEY BISCAZYNE FL			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: *Sidney S. Good, V.P.* **Sidney S. Good, V.P.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/29/01 Daytime Phone #: (305) 361-9800

CR2E034 (10/00)