

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90679 015 ***158.75

DOCUMENT # S76145

1. Entity Name
LIMONAR DEVELOPMENT, INC.



Principal Place of Business
**260 CRANDON BLVD.
SUITE 26C
KEY BISCAYNE FL 33149**

Mailing Address
**260 CRANDON BLVD.
SUITE 26C
KEY BISCAYNE FL 33149**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0294644**

Applied For
Not Applicable

Zip Country

Zip Country

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

**CORDOBA, MARIA C
260 CRANDON BLVD #26
KEY BISCAYNE 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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|-----------------------|--------------------------|-----------------------|---------------------------------|
| P | CORDOBA, ALFONSO | 260 CRANDON BLVD #26 | KEY BISCAYNE FL | <input type="checkbox"/> |
| VP/S | CORDOBA GOOD, MARIA C | 260 CRANDON BLVD #26 | KEY BISCAYNE FL 33149 | <input type="checkbox"/> |
| VPD | GOOD, SIDNEY S | 260 CRANDON BLVD. STE 26 | KEY BISCAYNE FL | <input type="checkbox"/> |
| VPD | CORDOBA, VIRGINIA | 260 CRANDON BLVD. STE 26 | KEY BISCAYNE FL | <input type="checkbox"/> |
| VPD | CORDOBA, CECILIA | 260 CRANDON BLVD. STE 26 | KEY BISCAYNE FL | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **MARIA C. CORDOBA GOOD, VP/S**
Signature and typed or printed name of signing officer or director

01/07/2003 305 361-9800
Date Daytime Phone #

CR2E034 (10/02)