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Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

Jul 18, 2001 8:00 am Secretary of State **DOCUMENT #** P00000114182 1. Entity Name 07-18-2001 90063 001 ***550 00 LIM'S MASTER 2 CORP. 07-18-2001 90063 002 *****8.75 Principal Place of Business Mailing Address 1830 SHERIDAN STREET 220 TORRESDALE AVE HOLLYWOOD FL 33020 NORTH YORK, ONTARIO CANADA M2R -2E8 2. Principal Place of Business 3. Mailing Address 1830 SHERIDAN STREET Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE HOLLYWOOD City & State City & State Applied For 4. FEI Number Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Stregt Address (P.O. Box Number is Not Acceptable) KAHN, JEFFREY B ESQ 6598 N.W. 97 DRIVE PARKLAND FL 33076 O SHERIDAN ST HULLYWOOD. 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 . 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be After September 12, 2001 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD BONG LIH TITLE TITLE ☐ Change ⟨▼ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS 1830 SHERLDAN ST. CITY-ST-ZIP CITY-ST-ZIP Hollywoo FL 33020 ☐ Delete TITLE Change NAME TAE IN, STREET ADDRESS STREET ADDRESS 1830 SHERLIDAN ST. CITY-ST-ZIP TITLE Change Addition Delete ا NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Detete TITLE П Спалое ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P 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.