

2011 AMENDED UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G21305

1. Entity Name
Frank Limpach Associates, Inc.

Principal Place of Business
610 E. 49 Street
Hialeah, Florida 33013

Mailing Address
Same

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

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

City & State
Zip Country

City & State
Zip Country

4. FEI Number
59-2303117

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
Frank Limpach
610 E. 49 Street
Hialeah, Florida 33013

7. Name and Address of New Registered Agent
Name Steven M. Rosen ESQ.
Street Address (P.O. Box Number is Not Acceptable)
5601 Biscayne Blvd.
City Miami FL Zip Code 33137

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  09/13/01
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, 2000 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.D. S.T.	<input checked="" type="checkbox"/> Delete	TITLE	P.D. S.T.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Frank Limpach		NAME	Virgo Clarke	
STREET ADDRESS	610 E. 49 Street		STREET ADDRESS	610 E. 49 Street	
CITY-ST-ZIP	Hialeah, Florida 33013		CITY-ST-ZIP	Hialeah, Florida 33013	
TITLE	D.	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gloria Pursino		NAME		
STREET ADDRESS	610 E. 49 Street		STREET ADDRESS		
CITY-ST-ZIP	Hialeah, Florida 33013		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		
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		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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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:  Virgo Clarke 09/13/01 (305) 681-7069
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
01 OCT -1 AM 9:17

DO NOT WRITE IN THIS SPACE