

FILED
Jul 17, 2002 8:00 am
Secretary of State

07-04-2002 90549 017 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

J38844

1. Entity Name

Lima Printing Corporation

38957

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7880W 20th Ave

3. Mailing Address

7880 W 20th Ave

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite 47

Suite, Apt. #, etc.

Suite 47

City & State

Hialeah

City & State

Hialeah

4. FEI Number

59-2733105

Applied For

Not Applicable

Zip

33016

Country

USA

Zip

33016

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

LUIS HERNANDEZ

Street Address (P.O. Box Number is Not Acceptable)

18510 N.W. 4th Place

City

Capal City

FL

Zip Code

33855

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

7-15-02

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$350.00

Amended UBR is \$61.25

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

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

P HERNANDEZ LUIS
7880 West 20th Ave Ste #47
Hialeah FL 33016

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 supplementary 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-4-02 (305) 822-9070

CR2E034B (12/01)

LIMA PRINTING CORPORATION

7880 W 20TH Avenue, Ste #47
Hialeah, FL 33016

Attachment

38957

Tuesday, June 04, 2002

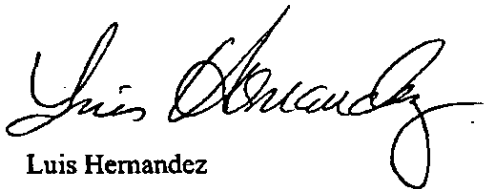
Florida Dept. of State
Divisions of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Attn: Rob Brown
Ref: Doc # 38844

Dear Mr. Brown:

As per our discussion, I am writing to request a waiver on penalties as I failed
to receive the Uniform Business report for this year.

Sincerely,


Luis Hernandez



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

Attachment
[Redacted]

38957

June 14, 2002

LIMA PRINTING CORPORATION
7880 W 20TH AVENUE
SUITE #47
HIALEAH, FL 33016

SUBJECT: LIMA PRINTING CORPORATION
Ref. Number: J38844

We have received your document for LIMA PRINTING CORPORATION and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers
Document Specialist

Letter Number: 702A00039104