

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90490 043 \*\*\*150.00

**DOCUMENT # L56009**

1. Entity Name

**IN LIMBO, INC.**

Principal Place of Business

Mailing Address

PO BOX 700321  
MIAMI FL 33170  
USPO BOX 700321  
MIAMI FL 33233-1452  
US

2. Principal Place of Business

3. Mailing Address

PO BOX 331452  
Suite, Apt. #, etc.  
MIAMIPO BOX 331452  
Suite, Apt. #, etc.  
MIAMI

City &amp; State

City &amp; State

FLA

MIAMI FLA

Zip

Country

Zip

Country

33233

USA

33233

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0198550

Applied For

Not Applicable

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

PERRI, STEVE  
9260 SW 166 TR  
MIAMI FL 33157

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

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 ☐ Delete  
NAME P  
STREET ADDRESS 9260 SW 166 TR  
CITY-ST-ZIP MIAMI FL 33157TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
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NAME  
STREET ADDRESS  
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 titles empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)