

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

FILED 09-26-2002 90100 018 \*\*\*61.25  
SECRETARY OF STATE P00000018418  
DIVISION OF CORPORATIONS

DOCUMENT # P00000018418

1. Entity Name

LIMO-MAX, INC.

02 SEP 30 PM 12:01

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

16950 WEST DIXIE HWY

Suite, Apt. #, etc.

APT #122

City & State

N. MIAMI BEACH

Zip

FL

Country

DADE

3. Mailing Address

P.O. BOX: 601303

Suite, Apt. #, etc.

City & State

N. MIAMI FL 33160

Zip

33160

Country

DADE

4. FEI Number

65-0983460

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Ali TEHRANY

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

400 KINGS PT DR #1427

City

SUNNY ISLE

FL

Zip Code

33160

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

*Evelyn Randazzo*

Signature, typed or printed name of registered agent and UBR applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9/22/02

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 \$550.00

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	PRESIDENT EVELYN RANDAZZO 16950 WEST DIXIE HWY #122 N. MIAMI FL 33160	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT Ali TEHRANY 400 KINGS PT DR #1427 SUNNY ISLE FL 33160	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE  
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CR2E034B (12/01)

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

SIGNATURE:

*Ali Tehrany*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/22/02 305 919-9823

Date

Daytime Phone #