

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 90011 014 ***150.00

DOCUMENT # P00000020295

1. Entity Name

LIMEGROVE PRODUCTIONS, INC.

Principal Place of Business Mailing Address

14739 SW 48TH TERRACE
 MIAMI, FLORIDA
 33185

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1086127

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

A0063539

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STAFFORD, STORMIE, ESQ.
 1320 S DIXIE HIGHWAY, SUITE 450
 CORAL CABLES, FLORIDA 33146

Name
 JIM KENT

Street Address (P.O. Box Number is Not Acceptable)
 2810 SW 122ND AVENUE

City
 MIAMI, FLORIDA

FL

Zip Code
 33175

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, 2001 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

TITLE D
 NAME LIMA, CARLOS
 STREET ADDRESS 14739 SW 48TH TERRACE
 CITY - ST - ZIP MIAMI, FL 33185 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP ☐ Delete

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 CITY - ST - ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE DVP
 NAME LIMA, NELLIE
 STREET ADDRESS 14739 SW 48TH TERRACE
 CITY - ST - ZIP MIAMI, FL 33185 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
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 CITY - ST - ZIP ☐ Change ☐ Addition

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TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/01 305-220-8477

Date

Daytime Phone #