2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000055034

Entity Name: LIMO 13 CORP.

FILED Apr 30, 2002 8:00 AM Secretary of State

Current Principal Place of Business:		New Principal Place of Business:		
	BOR DRIVE CAYNE, FL 33	3149		
Current Mailing Address:		New Mailing Address:		
	BOR DRIVE CAYNE, FL 33	3149		
FEI Number	: 65-1014669	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of (Current Registered Agent:	Name and Address of	of New Registered Agent:
343 ALME	& UTRERA, P RIA AVENUE ABLES, FL 33			
	e named entity e of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,
	e of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,
n the Stat	e of Florida. [*] RE:	submits this statement for the		ed office or registered agent, or both, Date
n the Stat SIGNATU This corpor	e of Florida. RE: Electro		ent	
n the Stat SIGNATU This corpor Election Ca	e of Florida. RE: Electro	nic Signature of Registered Ag o satisfy its Intangible Tax filing red g Trust Fund Contribution ().	ent quirement and elects to do so (X).	
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n the Stati SIGNATU This corpor Election Car OFFICER Title: Name: Address:	e of Florida. RE: Electron ration is eligible t mpaign Financin S AND DIREC PD (BIBAS, ALBER 819 HARBOR I KSYE BISCAY	nic Signature of Registered Ag o satisfy its Intangible Tax filing red g Trust Fund Contribution (). ETORS:) Delete TO DRIVE NE, FL 33149) Delete DRIVE	ent quirement and elects to do so (X). ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALBERTO BIBAS PD 04/30/2002