

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State

0078788 AV

DOCUMENT # P00000113000

1. Entity Name
LIMO OPERATING CORP.

05-10-2001 90221 030 ***150.00
 07-31-2001 90011 020 ***550.00

Principal Place of Business: **601 NW 12TH AVENUE DEERFIELD BEACH FL 33441**
 Mailing Address: **601 NW 12TH AVENUE DEERFIELD BEACH FL 33441**

00007431



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **744 N. FEDERAL HIGHWAY**
 Suite, Apt. #, etc.

3. Mailing Address: **744 N. FEDERAL HIGHWAY**
 Suite, Apt. #, etc.

City & State: **PANAMA BEACH, FL**
 Zip: **33062** Country

4. FEI Number Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent
 Name: **WALDEN NORRIS, CERTIFIED PUBLIC ACCOUNTANTS P.A.**
 Street Address (P.O. Box Number is Not Acceptable): **UNION PLANTERS BANK CENTRE**
1489 W. PALMETTO PARK RD, SUITE 400
 City: **BEA RATON** FL Zip Code: **33486**

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: *Walden Norris by [Signature]* DATE: **7/21/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
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	<input type="checkbox"/> Delete
NAME	CALEINDO, ANTHONY P	
STREET ADDRESS	601 NW 12TH AVENUE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RICHARDS, BRUCE	
STREET ADDRESS	601 NW 12TH AVENUE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KEELER, DAVID	
STREET ADDRESS	601 NW 12TH AVENUE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COMISO, PHILIP	
STREET ADDRESS	601 NW 12TH AVENUE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 like empowered.

SIGNATURE: *[Signature]* DATE: **7/21/01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (5/01)