

2005 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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FILED

06 FEB 22 AM 10:40

DOCUMENT # P04000054672

1. Entity Name

BUSINESS UNLIMITED CORP.

DO NOT WRITE IN THIS SPACE

400067477584
03/09/06--01050--010 **300.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8603 S Dixie Hwy

Suite, Apt. #, etc.

Suite 203

City & State

Miami, FL

Zip

33143

Country

U.S.A.

3. Mailing Address

8603 S Dixie Hwy

Suite, Apt. #, etc.

Suite 203

City & State

Miami, FL

Zip

33143

Country

U.S.A.

4. FEI Number

20-1088672

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Ricardo Victoria

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

8603 S Dixie Hwy, Suite 203

City

Miami

FL

Zip Code
33143

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

02/14/2006

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 31 Fees \$150.00
After May 31 Fees \$350.00
Amended UBR \$50.00
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
NAME
D
Victoria, Ricardo
STREET ADDRESS
8603 S Dixie Hwy, Suite 203
CITY-ST-ZIP
Miami, FL 33143

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

DO NOT WRITE
IN THIS SPACE

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/14/2006

Date

Daytime Phone #

CR2034B (12/01)

Payer

Business Unlimited Inc.
8603 So Dixie Hwy – Suite 203
Miami, FL 33143

Florida Department of Revenue
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

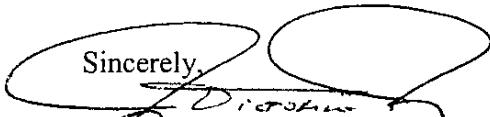
Re: Business Unlimited Inc. (P04000054672)

Dear Sir,

Please find enclosed the Florida Annual Report for the above corporation for the year 2005 along with a check in the amount of \$300.00 which should pay for the 2005 and 2006 reports. We apologize for the delay in sending the 2005 Annual Report. We realized after going online to your website that the report was not filed or paid for the 2005 and the corporation had been involuntarily dissolved according to Florida Law.

Unfortunately, the business address shown on the website is incorrect and we did not receive the postcard or the annual report in the mail. At this time we are respectfully requesting the reinstatement of the aforementioned corporation without penalties since we never received notice of filing or delinquency due to the erroneous address. We apologize for any inconvenience which this may cause and hope that you will be sympathetic to our request.

Sincerely,



Ricardo Victoria, President