

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000071994

1. Entity Name

NO LIMIT BUSINESS, INC.

FILED

Apr 14, 2000 8:00 am  
Secretary of State

04-14-2000 90115 030 \*\*\*158.75

Principal Place of Business

Mailing Address

~~8045 N.W. 36TH STREET, #565~~  
~~MIAMI FL 33166~~  
~~US~~

~~8045 N.W. 36TH STREET, #565~~  
~~MIAMI FL 33166 6683~~  
~~US~~

2. Principal Place of Business

3. Mailing Address

8313 NW 68 STREET  
Suite, Apt. #, etc.

8313 NW 68 STREET  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0611785

Applied For

Not Applicable

Zip

Country

33166

US

Zip

Country

33166

US

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRITO, HUGO

8045 N.W. 36TH STREET, #565  
MIAMI FL 33166

Name

BRITO, HUGO

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

8313 NW 68 STREET

City

MIAMI

FL

Zip Code

33166

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

BRITO, HUGO

(NOTE: Registered Agent signature required when reinstating)

04/06/2000

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ~~PVST~~ ☒ Delete  
NAME BRITO, HUGO  
STREET ADDRESS 8045 N.W. 36TH STREET, #565  
CITY-ST-ZIP MIAMI FL 33166

TITLE PVSTD ☒ Change ☐ Addition  
NAME BRITO, HUGO  
STREET ADDRESS 8313 NW 68 STREET  
CITY-ST-ZIP MIAMI, FL 33166

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRITO, HUGO

04/06/2000

Date

(305) 463-7640

Daytime Phone #

CR2E034 (9/99)