

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90115 030 ***158.75

DOCUMENT # P95000071994

1. Entity Name
NO LIMIT BUSINESS, INC.

Principal Place of Business 8045 N.W. 36TH STREET #565 MIAMI FL 33166 US	Mailing Address 8045 N.W. 36TH STREET #565 MIAMI FL 33166 6683 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 8313 NW 68 STREET	3. Mailing Address 8313 NW 68 STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State MIAMI, FL	City & State MIAMI, FL	4. FEI Number 65-0611785	Applied For <input type="checkbox"/> Not Applicable
Zip 33166	Country US	Zip 33166	Country US

6. Name and Address of Current Registered Agent BRITO, HUGO 8045 N.W. 36TH STREET #565 MIAMI FL 33166	7. Name and Address of New Registered Agent Name BRITO, HUGO Street Address (P.O. Box Number is Not Acceptable) 8313 NW 68 STREET City MIAMI FL 33166
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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 *Hugo Brito* **BRITO, HUGO** 04/06/2000
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-1-2000 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	<input checked="" type="checkbox"/> Delete	TITLE PVSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRITO, HUGO		NAME BRITO, HUGO	
STREET ADDRESS 8045 N.W. 36TH STREET., #565		STREET ADDRESS 8313 NW 68 STREET	
CITY-ST-ZIP MIAMI FL 33166		CITY-ST-ZIP MIAMI, FL 33166	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Hugo Brito* **BRITO, HUGO** 04/06/2000 (305) 463-7640
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE034 (9/99)