

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000071994

1. Entity Name
NO LIMIT BUSINESS, INC.

Principal Place of Business

8313 NW 68TH STREET
MIAMI FL 33166
US

Mailing Address

8313 NW 68TH STREET
MIAMI FL 33166
US

2. Principal Place of Business

7339 NW 73 terrace

Suite, Apt. #, etc.

3. Mailing Address

7339 NW 73 terrace

Suite, Apt. #, etc.

City & State

Medley, FL

City & State

Medley, FL

Zip

Country

USA

Zip

Country

USA

4. FEI Number 65-0611785

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRITO, HUGO
8313 N.W. 68TH STREET
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name BRITO HUGO

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

7339 NW 73 terrace

City Medley

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.

(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, 2001 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

TITLE
NAME PVST
STREET ADDRESS BRITO, HUGO
CITY-ST-ZIP 8313 NW 68TH STREET
MIAMI FL 33166 ☐ Delete

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE
NAME ☐ Change ☐ Addition
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

Date

Daytime Phone #

4/5/2001

(305) 463 7640

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90050 006 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)