

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000097709

1. Entity Name
LIMACK CORP

DEPARTMENT OF REVENUE

FILED
Jul 25, 2000 8:00 am
Secretary of State

06-13-2000 90010 013 ***150.00
07-25-2000 90099 048 ***400.00

Principal Place of Business
1569 SUNSET DR
CORAL GABLES FL 33143

Mailing Address
1569 SUNSET DR
CORAL GABLES FL 33143

2. Principal Place of Business
11190 SW 107 ST

3. Mailing Address
11190 SW 107 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

112

112

City & State

City & State

MIAMI FL

MIAMI FL

Zip

Country

Zip

Country

33156

DADE

33156

DADE

4. FEI Number **65-0630953**

Applied For
Not Applicable

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

LINERO, EDWIN G
1569 SUNSET DR
CORAL GABLES FL 33143

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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 \$550.00
After SEPTEMBER 13, 2000 Min. 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	LINERO, EDWIN G	
STREET ADDRESS	11190 SW 107 ST	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	D	<input type="checkbox"/> Delete
NAME	MACKENZIE, LAIDA	
STREET ADDRESS	6609 SW 116 PL, UNIT G	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR21 034 (5/00)