

2001 UNIFORM BUSINESS REPORT (UBR)

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

03-09-2001 90003 014 ***150.00

DOCUMENT # P95000097709

1. Entity Name

LIMACK CORP

Principal Place of Business

11190 SW 107 ST
 112
 MIAMI FL 33156

Mailing Address

11190 SW 107 ST
 112
 MIAMI FL 33156

2. Principal Place of Business

6609 SW 116 PL
 Suite, Apt. #, etc.
 G.

3. Mailing Address

6609 SW 116 PL
 Suite, Apt. #, etc.
 G.

City & State

MIAMI FL

City & State

MIAMI FL

Zip
 33173

Country
 U.S.A.

Zip
 33173

Country
 U.S.A.

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

LINERO, EDWIN G
 1569 SUNSET DR
 CORAL GABLES FL 33143

7. Name and Address of New Registered Agent

Name EDWIN G. LINERO
 Street Address (P.O. Box Number is Not Acceptable)
 6609 SW 116 PL Unit G.
 City MIAMI FL Zip Code 33173

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 Edwin Linero

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-05-01

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 D
 NAME LINERO, EDWIN G
 STREET ADDRESS 11190 SW 107 ST
 CITY-ST-ZIP MIAMI FL 33176 ☐ Delete

TITLE D
 NAME MACKENZIE, LAIDA
 STREET ADDRESS 6609 SW 116 PL, UNIT G
 CITY-ST-ZIP MIAMI FL 33173 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE
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 CITY-ST-ZIP ☐ Change ☐ Addition

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

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

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

3-5-01

Date

305-595-9860

Daytime Phone #

CR2E034 (10/00)

023077