

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000064413

1. Entity Name

LIMESTONE COMMUNICATIONS INC.

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90179 007 ***150.00

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DO NOT WRITE IN THIS SPACE

Principal Place of Business 2625 PONCE DE LEON BLVD CORAL GABLES FL 33134		Mailing Address 2625 PONCE DE LEON BLVD CORAL GABLES FL 33134-6018	
2. Principal Place of Business 4300 Southwest 73rd Ave. Suite, Apt. #, etc. 107B City & State Miami, FL 33155 Zip Country		3. Mailing Address 4300 Southwest 73rd Ave. Suite, Apt. #, etc. 107B City & State Miami, FL 33155 Zip Country	

4. FEI Number 65-0691836	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRISENDORF, JUSTIN
2625 PONCE DE LEON BLVD
CORAL GABLES FL 33134

Name
Prisendorf, Justin
Street Address (P.O. Box Number is Not Acceptable)
4300 Southwest 73rd Ave., Suite 107B
City
Miami FL Zip Code
33155

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)

4/12/00
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRISENDORF, JUSTIN 2625 PONCE DE LEON BLVD CORAL GABLES FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PRISENDORF, ALEXIS 2625 PONCE DE LEON BLVD CORAL GABLES FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 4300 Southwest 73rd Ave., Suite 107B Miami, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 4300 Southwest 73rd Ave., Suite 107B Miami, FL 33155
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E03 (9/99)

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 #

Justin Prisendorf
4/12
(305) 460-9010