

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000078174

1. Entity Name

LIMIT CORPORATION

Principal Place of Business

6422 COLLINS AVE
PH # 4
MIAMI BEACH FL 33141

Mailing Address

6422 COLLINS AVE
PH # 4
MIAMI BEACH FL 33133-3256

2. Principal Place of Business

2000 So. BAYSHORE DRIVE

3. Mailing Address

4011 W. FLAGLER ST. 503

Suite, Apt. #, etc.

13

Suite, Apt. #, etc.

City & State

MIAMI FL.

City & State

MIAMI FL.

Zip

33133

Country

U.S.

Zip

33134

Country

US

6. Name and Address of Current Registered Agent

GAY, YOLANDA
4011 W FLAGLER ST #503
MIAMI FL 33134

7. Name and Address of New Registered Agent

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

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

TITLE D ☐ Delete
NAME RIBEIRO, BENEDITO D JR.
STREET ADDRESS 1001 BRICKELL BAY DRIVE, SUITE 1602
CITY-ST-ZIP MIAMI FL 33131

TITLE D ☐ Delete
NAME RIBEIRO, SIMELY L D.
STREET ADDRESS 1001 BRICKELL BAY DRIVE, SUITE 1602
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition
NAME RIBEIRO, BENEDITO D JR.
STREET ADDRESS 4011 W. FLAGLER ST. 503
CITY-ST-ZIP MIAMI FL. 33134

TITLE D ☒ Change ☐ Addition
NAME RIBEIRO, SIMELY L. D.
STREET ADDRESS 4011 W FLAGLER ST. 503
CITY-ST-ZIP MIAMI FL. 33134

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

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

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

TITLE ☐ Change ☐ 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: 

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/00 305.529.9098
Date Daytime Phone #

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90212 034 ***158.75

00000067



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0726384 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

CR2E034 (9/99)