

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Sep 17, 2002 8:00 am
Secretary of State

09-17-2002 90096 024 ***558.75

DOCUMENT # P99000032035**1. Entity Name**
LIMARO INC.**Principal Place of Business**
7000 NW 95TH TERRACE
TAMARAC FL 33321**Mailing Address**
7000 NW 95TH TERRACE
TAMARAC FL 33321

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business**Same**
Suite, Apt. #, etc.**3. Mailing Address****Same**
Suite, Apt. #, etc.**City & State****City & State****4. FEI Number** **65-0925893****Applied For**
Not Applicable**Zip****Country****Zip****Country****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****PITTER, CARL S**
7447 NORTH WEST 57TH STREET
TAMARAC FL 33319**Name** **Same**
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. I am familiar with, and accept the obligations of registered agent.****SIGNATURE** **Carl S Pitter**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **9/12/02****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, 2002 Fee 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** **DPTS** ☐ **Delete**
NAME **RODRIGUEZ, LILIANA M**
STREET ADDRESS **7000 NW 95TH TERRACE**
CITY-ST-ZIP **TAMARAC FL 33321****TITLE** ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** **S** ☐ **Delete**
NAME **DURBIN, LAWRENCE W**
STREET ADDRESS **7000 NW 95TH TERRACE**
CITY-ST-ZIP **TAMARAC FL 33321****TITLE** ☐ **Change** ☐ **Addition**
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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 of Lawrence W Durbin**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**9/12/02** **954-724-4146**
Date Daytime Phone #

CR2E034 (4/02)