

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State
 03-29-2001 90390 045 ***150.00

DOCUMENT # P99000059705

1. Entity Name

DON LIMON INC.

Principal Place of Business

**252 NW 27 TERRACE
 MIAMI FL 33127**

Mailing Address

**252 NW 27 TERRACE
 MIAMI FL 33127**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1350 SW 122 Ave.

103 B-1

Miami, FL

33184

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0931610**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**DIAZ, ADELVO
 4757 SW 143 AVE
 MIAMI FL 33175**

7. Name and Address of New Registered Agent

Name **DIAZ, ADELVO**

Street Address (P.O. Box Number is Not Acceptable)
1350 SW 122 Ave.

Apt 103 B-1

City **Miami**

FL

Zip Code **33184**

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, 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** ☐ Delete

NAME **DIAZ, ADELVO**
 STREET ADDRESS **4757 SW 143 AVE**
 CITY-ST-ZIP **MIAMI FL 33175**

TITLE **D** ☐ Delete

NAME **DIAZ, LYDIA**
 STREET ADDRESS **4757 SW 143 AVE**
 CITY-ST-ZIP **MIAMI FL 33175**

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 **DIAZ, ADELVO**
 STREET ADDRESS **1350 SW 122 Ave, Apt 103 B-1**
 CITY-ST-ZIP **Miami, FL 33184**

TITLE **D** ☒ Change ☐ Addition

NAME **DIAZ, Lydia**
 STREET ADDRESS **1350 SW 122 Ave, Apt 103 B-1**
 CITY-ST-ZIP **Miami, FL 33184**

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:

Adelvo Diaz
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/01 **305-442-4344**
 Date Daytime Phone #

CR2E034 (10/00)

0146985