

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90236 036 ***158.75

DOCUMENT # S15157

1. Entity Name
L.I.M.S. (USA), INC.



Principal Place of Business
4000 HOLLYWOOD BLVD
SUITE 730N 515 South
HOLLYWOOD FL 33021
US

Mailing Address
4000 HOLLYWOOD BLVD
SUITE 730N 515 South
HOLLYWOOD FL 33021
US



2. Principal Place of Business
4000 Hollywood Blvd.

Suite, Apt. #, etc.
Suite 515 South

City & State
Hollywood, FL

Zip Country
33021 U.S.

3. Mailing Address
4000 Hollywood Blvd.

Suite, Apt. #, etc.
Suite 515 South

City & State
Hollywood, FL

Zip Country
33021 U.S.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0234123

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FRIEDMAN, ITSCHAK
4000 HOLLYWOOD BLVD.
SUITE 730N
HOLLYWOOD FL 33021

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME FRIEDMAN, ITSCHAK
STREET ADDRESS 4000 HOLLYWOOD BLVD
CITY-ST-ZIP HOLLYWOOD FL ☐ Delete

TITLE VD
NAME TOIBA, DINU
STREET ADDRESS 4000 HOLLYWOOD BLVD
CITY-ST-ZIP HOLLYWOOD FL 33021 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. 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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-03 954-964-8663
Date Daytime Phone #

CR2E034 (10/02)