

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S64681**

1. Entity Name  
**LIBBROS, INC.**

**FILED**  
**Jul 20, 2000 8:00 am**  
**Secretary of State**

07-20-2000 90026 016 \*\*\*150.00

Principal Place of Business

7310 N.W. 56TH ST.  
MIAMI FL 33166

Mailing Address

7310 N.W. 56TH ST.  
MIAMI FL 33166

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0283607**

Applied For  
Not Applicable

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



DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

**THIANG LIM, SOU**  
**5498 NW 105 COURT**  
**MAIMI FL 33178**

## 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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. 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

TITLE **P** ☐ Delete  
NAME **LIM THIANG, SOU**  
STREET ADDRESS **5498 NW 105 COURT**  
CITY-ST-ZIP **MAIMI FL 33178**

TITLE **VP** ☐ Delete  
NAME **LIM TENG, HONG**  
STREET ADDRESS **10231 NW 46 ST**  
CITY-ST-ZIP **MAIMI FL 33178**

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 ☐ 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  
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STREET ADDRESS  
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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:

**SIGNATURE REQUIRED**  
**SIGNATURE**  
**PARISA LIM**

**7/17/00 (305) 889-3490**  
Date Daytime Phone #

Doc# 564681  
A0068882

## LIMBROS INC.

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7310 N.W. 56 Street  
Miami, FL - 33166 ~ U.S.A.  
Phone (305)889-3490 ~ Fax (305)889-3465  
Email LIMBROS@msn.com

July 17, 2000

2000 UNIFORM BUSINESS REPORT(UBR)  
P.O.BOX 1500  
Tallahassee, FL 32302-1500

Ref.: S64681

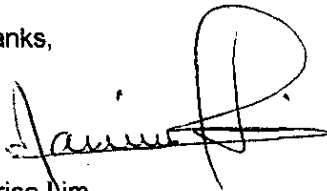
Dear Customer Service,

Limbros Inc. did not received the first notice of this payment. That's the reason we have not file this document.

As we received the second notification, I called this number (850)488-9000 and spoke to Cynthia in the customer service, and following her instruction, I'm sending the check of US\$150.00 to file the document S64681

If you have further question, please call (305)889-3490.

Thanks,



Marisa Lim