

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 13, 2000 8:00 am**  
**Secretary of State**

02-13-2000 90018 008 \*\*\*150.00

**DOCUMENT # P93000063534**

1. Entity Name  
**TIMELY ESSENTIALS, INC.**

Principal Place of Business

Mailing Address

**8505 MILLS DRIVE  
 MIAMI, FL 33183  
 US**

**14 NE 1ST AVENUE  
 STE. 607  
 MIAMI FL 33132-2405  
 US**

2. Principal Place of Business

3. Mailing Address

**8505 MILLS DRIVE**

**55 N.E. 1ST STREET**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**MIAMI FL 33183**

**MIAMI FL**

**33183**

**US**

**33132**

**US**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0434698**

Applied For

Not Applicable

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

**TOLEDO, ELVIS  
 14 NE 1ST AVE  
 SUITE 607  
 MIAMI FL 33132**

Name **TOLEDO, ELVIS**

Street Address (P.O. Box Number is Not Acceptable) **55 N.E. 1ST STREET**

**SUITE 8**

City **MIAMI**

**FL**

Zip Code **33132**

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 **ELVIS TOLEDO PRESIDENT**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/26/00**

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                          |                                 |
|----------------|--------------------------|---------------------------------|
| TITLE          | <b>PD</b>                | <input type="checkbox"/> Delete |
| NAME           | <b>TOLEDO, ELVIS</b>     |                                 |
| STREET ADDRESS | <b>14640 SW 107 TER</b>  |                                 |
| CITY-ST-ZIP    | <b>MIAMI FL</b>          |                                 |
| TITLE          | <b>VPD</b>               | <input type="checkbox"/> Delete |
| NAME           | <b>TOLEDO, CARMEN</b>    |                                 |
| STREET ADDRESS | <b>14640 SW 107 TERR</b> |                                 |
| CITY-ST-ZIP    | <b>MIAMI FL</b>          |                                 |
| TITLE          |                          | <input type="checkbox"/> Delete |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |
| TITLE          |                          | <input type="checkbox"/> Delete |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |
| TITLE          |                          | <input type="checkbox"/> Delete |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |
| TITLE          |                          | <input type="checkbox"/> Delete |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
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| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> 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: **ELVIS TOLEDO PRESIDENT** **1/26/00** **(305) 381-9033**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)