2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # \$96990

1. Entity Name

T M TIME, INC

Principal Place of Business	Mailing Address				
14 N.E. FIRST AVE. SUITE 303 MIAMI FL 33132	14 N.E. FIRST AVE. SUITE 303 MIAMI FL 33132-2404				
2. Principal Place of Business	3. Mailing Address				
Suite, Apt. #, etc.	Suite, Apt. #, etc.				
City & State	City & State				

FILED May 26, 2000 8:00 am Secretary of State

05-26-2000 90036 018 ***550.00



DO NOT WRITE IN THIS SPACE

TEJERA, IGNACIO 210 BUTTONWOOD DR. KEY BISCAYNE FL 33149 VSD NAME NAME NARTINEZ, RAMON ASTREET ADDRESS CITY-ST-ZIP NAME NAME STREET ADDRESS CITY-ST-ZIP NAME NAME STREET ADDRESS CITY-ST-ZIP NAME							<u> </u>		
### Country Zip Country S. Certificate of Status Desired \$8.75 Additional \$6.175 Additional \$6	City & State		City & State	City & State		4. F	El Number 65-0302694		
ARTINEZ, RAMON 455 HARBOR DR KEY BISCAYNE FL 33149 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 9. This corpor-ration is eligible to assistly its Intangible Tax Fling equirement and exerts to do so. (See orienter on book) 9. This corpor-ration is eligible to assistly its Intangible Tax Fling equirement and exerts to do so. (See orienter on book) 9. This Corpor-ration is eligible to assistly its Intangible Tax Fling equirement and exerts to do so. (See orienter on book) 9. This Corpor-ration is eligible to assistly its Intangible Tax Fling equirement and exerts to do so. (See orienter on book) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TIPE TIPE TIPE TIPE TIPE TIPE TIPE TIP	Zip	Country	Zip	Zip Count		5. C	5 Certificate of Status Desired		Additional
ARTINEZ, RAMON 455 HARBOR DR KEY BISCAYNE FL 33149 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 9. This corpor-ration is eligible to assistly its Intangible Tax Fling equirement and exerts to do so. (See orienter on book) 9. This corpor-ration is eligible to assistly its Intangible Tax Fling equirement and exerts to do so. (See orienter on book) 9. This Corpor-ration is eligible to assistly its Intangible Tax Fling equirement and exerts to do so. (See orienter on book) 9. This Corpor-ration is eligible to assistly its Intangible Tax Fling equirement and exerts to do so. (See orienter on book) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TIPE TIPE TIPE TIPE TIPE TIPE TIPE TIP		6 Name and Address of Curre	nt Registered Agent		T	7. N	lame and Address of New Register		
A55 HARBOR DR KEY BISCAYNE FL 33149 City		o. Name and Address of Confe	int riegisteres Agent		Name			<u> </u>	
A55 HARBOR DR KEY BISCAYNE FL 33149 City	A4AD	TIMET DAMON							
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: bject or printed name of registered agent and sine applicable. (NOTE: Registered Agent syndium registered agent, or both, in the State of Florida. SIGNATURE Signature: bject or printed name of registered agent and sine applicable. (NOTE: Registered Agent syndium registered agent, or both, in the State of Florida. SIGNATURE Signature: bject or printed name of registered agent and sine applicable. (NOTE: Registered Agent syndium registered agent, or both, in the State of Florida. SIGNATURE Signature: bject or printed name of registered agent, or both, in the State of Florida. SIGNATURE Signature: bject or printed name of registered agent, or both, in the State of Florida. SIGNATURE Signature: bject or printed name of registered agent, or both, in the State of Florida. SIGNATURE Signature: bject or printed name of registered agent, or both, in the State of Florida. SIGNATURE Signature: bject or printed name of registered agent, or both, in the State of Florida. SIGNATURE Signature: bject or printed name of registered agent, or both, in the State of Florida. SIGNATURE PI					Street Addre	ss (P.O. Bo	ox Number is Not Acceptable)		
B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Floridae. SIGNATURE Signature, speed or present name of registered agent and limit is application. (NOTE: Registered Agent signature registered agent, or both, in the State of Floridae. SIGNATURE Signature, speed or present name of registered agent and limit is application. (NOTE: Registered Agent signature registered agent, or both, in the State of Floridae. SIGNATURE Signature, speed or present name of registered agent and limit is application. (NOTE: Registered Agent signature registered agent, or both, in the State of Floridae. SIGNATURE Signature, speed or present name of registered agent and limit is application. (NOTE: Registered Agent signature registered agent, or both, in the State of Floridae. SIGNATURE Signature, speed or present name of registered agent and limit is application. (NOTE: Registered Agent signature registered agent, or both, in the State of Floridae. SIGNATURE Signature, speed or present name of registered agent and limit is application. (NOTE: Registered Agent signature registered agent, or both, in the State of Floridae. SIGNATURE Signature, speed or present name of registered agent and limit is application. (NOTE: Registered Agent signature registered agent, or both, in the State of Floridae. SIGNATURE Policy (NOTE: Registered Agent signature registered agent, or both, in the State of Floridae. SIGNATURE Policy (NOTE: Registered Agent signature registered agent, or both, in the State of Floridae. SIGNATURE Policy (NOTE: Registered Agent signature registered agent and registered ag									
SIGNATURE Signature Signa	, NET	DISCATINE PL 33149							
SIGNATURE 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See orders on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE NAME STREET ADDRESS CITY-S1-2P TITLE NAME STREET ADDRESS CITY-S1-		•			City			FL Zip (Code
9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. Steel Angles of Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD TEJERA, IGNACIO 210 BUTTONWOOD DR. KEY BISCAYNE FL 33149 TITLE WART MART MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State NAME SIRET ADDRESS OTI'-S1-2P TITLE WSD MARTINEZ, RAMON SIRET ADDRESS CITY-S1-2P TITLE MARTINEZ Delete TITLE MARE SIRET ADDRESS CITY-S1-2P TITLE MARE SIRET ADDRESS CITY-S1-	8. The above	named entity submits this statemen	t for the purpose of ch	nanging its register	ed office or regi	stered age	ent, or both, in the State of Florida.		
Tax filing requirement and elects to do so. (See criteria on back) Make Check Payable to Department of State Tust Fund Contribution. Added to Fees Added to Fees	SIGNATURE .	Signature, typed or printed name of registered ag	ent and title if applicable.	(NOTE: Registere	ed Agent signature rec	quired when re	instating) D/	<u>.</u> ΤΕ	
TITLE NAME TEJERA, IGNACIO 210 BUTTONWOOD DR. KEY BISCAYNE FL 33149 TITLE NAME NAME NAME NAME NAME NAME NAME NAM	Tax filing requirement and elects to do so. After MAY 1, 2000 Fee			will be \$550.0	State	Trust Fund Contribution.	, Ac	ded to Fees	
TEJERA, IGNACIO 210 BUTTONWOOD DR. KEY BISCAYNE FL 33149 VSD NAME NAME NARTINEZ, RAMON ASTREET ADDRESS CITY-ST-ZIP NAME NAME STREET ADDRESS CITY-ST-ZIP NAME NAME STREET ADDRESS CITY-ST-ZIP NAME	11.	OFFICERS AN	ND DIRECTORS	12.		AD	DITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 11
NAME STREET ADDRESS CITY-ST-ZIP VSD Delete TITLE NAME NARTINEZ, RAMON STREET ADDRESS STREET ADDRE				Delete TITL	E	_		☐ Char	nge 🔲 Addition
CITY-ST-ZIP KEY BISCAYNE FL 33149 CITY-ST-ZIP TITLE VSD MARTINEZ, RAMON MARTINEZ, RAMON 455 HARBOR DR. CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME S	1	TEJERA, IGNACIO		NAM	AE .				
TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME	STREET ADDRESS	210 BUTTONWOOD DR.		STR	EET ADDRESS				
MARTINEZ, RAMON STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP T	CITY-ST-ZIP	KEY BISCAYNE FL 33149		CITY	/-ST-ZIP		- 110		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST	TITLE	VSD		Delete TITL	E			☐ Char	nge 🔲 Addition
CITY-ST-ZIP KEY BISCAYNE FL 33149 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	NAME	MARTINEZ, RAMON		NAN	AE				
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TIT	STREET ADDRESS	455 HARBOR DR.		STR	EET ADDRESS				
NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-S	CITY-ST-ZIP	KEY BISCAYNE FL 33149		CITY	Y-ST-ZIP				
STREET ADDRESS CITY-ST-ZIP Delete	TITLE			Delete TITL	.E			Char	nge 🔲 Addition
CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRES	NAME			NAM	AE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET	STREET ADDRESS								
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-	CITY-ST-ZIP			CITY	Y-ST-ZIP	1511			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	TITLE			Delete TITL	.E			Char	nge 🔲 Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	NAME			NAN	AE .				
TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS		•		j j				
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP			מוזי	Y-ST-ZIP	•			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP THE	TITLE			Delete TITL	.E			☐ Char	nge 🔲 Addition
CITY-ST-ZIP CITY-	NAME			NAM	ME				
TITLE 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	STREET ADDRESS			I -	l l				
NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP 13. Thereby 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	CITY-ST-ZIP			CIT	Y-ST-ZIP	~			
NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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	TITLE			Delete TITL	E			☐ Char	nge 🔲 Addition
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP Thereby 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				NAM	ve]				
13. Thereby 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				STR	EET ADDRESS				
13. Thereby 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	CITY-ST-ZIP			CIT	Y-ST-ZIP				
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 path; that I am an officer or director	13. I hereby o	pertify that the information supplied v	with this filing does no	t qualify for the exe	emption stated i	n Section	119.07(3)(i), Florida Statutes. I furthe	r certify that t	he information

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.
Ramón Martínez

CICMATIBE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vice-President

4/24/00 ³⁸¹-9182

Daytime Phone #