2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 14, 2001 8:00 am Secretary of State **DOCUMENT # 382708** 1. Entity Name NATIONAL TIME SYSTEMS INC.. 05-14-2001 90256 011 ***150.00 Principal Place of Business Mailing Address 7770 NW 53 STREET 7770 NW 53 STREET MIAMI FL 33166-4102 MIAMI FL 33166-4178 HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1349249 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33166-4102 33166-4102 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WOOD JR., BENJAMIN F Street Address (P.O. Box Number is Not Acceptable) 7770 NW 53 STREET MIAMI FL 33166-1178 Zip Code 33166-4102 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition TITLE TITLE ☐ Delete Change NAME WOOD JR.BENJAMIN F NAME STREET ADDRESS STREET ADDRESS 12110 SW 90 AVE. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL TITLE ST ☐ Defete ☐ Change ☐ Addition TITLE NAME WOOD, JUANITA E NAME STREET ADDRESS STREET ADDRESS 12110 SW 90 AVE. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL HH F n. Delete TITLE ---- --- Change ---- --- Addition NAME WOOD, JUANITA E. NAME STREET ADDRESS .12110 SW 90 AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL TITLE ☐ Delete TITLE Addition WOOD, JEFFREY E NAME NAME STREET ADDRESS 7821 SW 162 STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Delete TITLE Change ☐ Addition KLAASSEN, EVELINA D NAME NAME STREET ADDRESS 17541 SW 93 PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME

13. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED SIGNING OFFICER OR DIRECTOR