## **2002 UNIFORM BUSINESS REPORT (UBR)**

## **FILED** Mar 05, 2002 8:00 am Secretary of State DOCUMENT # 382708 1. Entity Name NATIONAL TIME SYSTEMS INC.. 03-05-2002 90010 021 \*\*\*150.00 Principal Place of Business Mailing Address 7770 NW 53 STREET 7770 NW 53 STREET MIAMI FL 33166-4102 MIAMI FL 33166-4102 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 Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WOOD JR., BENJAMIN F Street Address (P.O. Box Number is Not Acceptable) 7770 NW 53 STREET MIAMI FL 33166-4102 Zip Code City FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Delete TITLE ☐ Change TITLE WOOD JR.BENJAMIN F NAME NAME 12110 SW 90 AVE. STREET ADDRESS STREET ADDRESS MIAM! FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE NAME WOOD, JUANITA E NAME STREET ADDRESS 12110 SW 90 AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change ☐ Addition □ Delete TITLE TITLE NAME .WOOD,JUANITA E., NAME STREET ADDRESS STREET ADDRESS 12110 SW 90 AVENUE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Delete ☐ Change ☐ Addition TITLE PD TITLE NAME WOOD, JEFFREY E NAME STREET ADDRESS 7821 SW 162 STREET STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIAMI FL **X** Change ☐ Addition TITLE VP. ☐ Delete TITLE KLAASSEN, EVELINA D NAME NAME STREET ADDRESS STREET ADDRESS 17541 SW 93 PLACE 21519 SW 90 Avenue CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Miami, FL 33189 ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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. Jeffrey E. Wood President SIGNATURE:

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