

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/

DOCUMENT # F99000005563

1. Entity Name

TIME DOLLAR INSTITUTE, INC.

**FILED**  
**Jul 05, 2000 8:00 am**  
**Secretary of State**

05-26-2000 90115 001 \*\*\*\*61.25

Principal Place of Business

Mailing Address

5500 39TH ST., NW  
WASHINGTON DC 20015

5500 39TH ST., NW  
WASHINGTON DC 20015-2904

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

Applied For

52-1950242

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

MIYARES, ANA  
6423 COLLINS AVE., SUITE 801  
MIAMI BEACH FL 33141

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

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PC	<input type="checkbox"/> Delete
NAME	CAHN, EDGAR	
STREET ADDRESS	5500 39TH ST., NW	
CITY-ST-ZIP	WASHINGTON DC 20015	Chairman
TITLE	V	<input type="checkbox"/> Delete
NAME	RICHARDSON, ANN	
STREET ADDRESS	4200 CONNECTICUT AVE., NW	
CITY-ST-ZIP	WASHINGTON DC 20008	Vice-Chairman
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LOPEZ, NORMA	
STREET ADDRESS	1111 19TH ST., NW	
CITY-ST-ZIP	WASHINGTON DC 20036	
TITLE	D	<input type="checkbox"/> Delete
NAME	RICHARD, JOHN	
STREET ADDRESS	1233 20TH ST., NW	Treasurer
CITY-ST-ZIP	WASHINGTON DC 20036	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Ariana Quinones D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1111 19th Street, NW	
STREET ADDRESS	Washington, DC 20036	Secretary
CITY-ST-ZIP		
TITLE	Wilson Pipeton	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1300 Pennsylvania Ave NW	
STREET ADDRESS	6th floor, North Tower	
CITY-ST-ZIP	Washington, DC 20004-3023	Member
TITLE	Jonathan Cahn	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4050 39th Street NW	
STREET ADDRESS	Washington, DC 20015	Member
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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Signature of Officer or Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)