2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

G00825 DOCUMENT #

1. Entity Name TIMIL, INC.

Zip

SIGNATURE

Principal Place of Business % LESLIE HOWARD BERGER 2213 NO UNIVERSITY DRIVE

PEMBROKE PINES FL 33024

BERGER, LESLIE HOWARD

2213 N. UNIVERSITY DR. PEMBROKE PINES FL 33024 Mailing Address

% LESLIE HOWARD BERGER 2213 NO UNIVERSITY DRIVE PEMBROKE PINES FL 33024

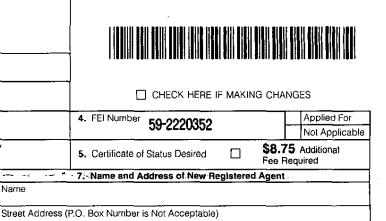
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	<u> </u>

6. Name and Address of Current Registered Agent

Zip

FILED Apr 11, 2003 8:00 am Secretary of State

04-11-2003 90100 022 ***150.00



DATE

			• -
he above named entity submits this statement for the purpose of changing its registere ne obligations of registered agent.	d office or registered agent,	or both, in the State of Florida.	I am familiar with, and accep

Country

Name

City

Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

Country

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Zip Code

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE Change Addition TITLE WIESELTHIER, HAROLD NAME NAME STREET ADDRESS 2465 BAY ISLE COURT STREET ADDRESS WESTON FL 33327 CITY-ST-ZIP CITY-ST-7IP Addition TITLE Delete TITLE ☐ Change WIESELTHIER, MERNA NAME NAME STREET ADDRESS 2465 BAY ISLE COURT STREET ADDRESS CITY-ST-ZIP WESTON FL 33327 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with

Daytime Phone #