

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90046 014 ***150.00

DOCUMENT # H56160

1. Entity Name
TIME PRODUCTS CORP.

Principal Place of Business

**14 NE 1ST AVE
 STE 610
 MIAMI FL 33132-9409**

Mailing Address

**14 NE 1ST AVE
 STE 610
 MIAMI FL 33132-9409**

2. Principal Place of Business

5555 ANGLERS AVE

Suite, Apt. #, etc.
19

City & State
FORT LAUDERDALE FL

Zip
33312

Country
USA

3. Mailing Address

5555 ANGLERS AVE

Suite, Apt. #, etc.
19

City & State
FORT LAUDERDALE FL

Zip
33312

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2587342

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**SHNITZER, MEIR
 14 NE 1ST AVE
 STE 610
 MIAMI FL 33132**

7. Name and Address of New Registered Agent

Name

SHNITZER, MEIR

Street Address (P.O. Box Number is Not Acceptable)

5555 ANGLERS AVE SUITE 19

City

FORT LAUDERDALE

FL

Zip Code
33312

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

MEIR SHNITZER

04/17/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
 NAME **SHNITZER, MEIR**
 STREET ADDRESS **14 NE 1ST AV, SUITE 610**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
 NAME **SHNITZER, MEIR**
 STREET ADDRESS **5555 ANGLERS AVE SUITE 19**
 CITY-ST-ZIP **FORT LAUDERDALE FL, 33312**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 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 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.

SIGNATURE: MEIR SHNITZER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/17/02 954-981-8666

Date

Daytime Phone #

CR2E034 (9/01)