☐ Change

☐ Addition

🖅 2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 01, 2001 8:00 am Secretary of State **DOCUMENT # M66056** 1. Entity Name TIME ENTERPRISES, INC. 03-01-2001 91333 024 ***150.00 THE PARTITION OF THE PA Principal Place of Business 2500 S.W. 107TH AVE STE #52 2500 S.W. 1077H AVE STE #52 MIAMI FL 33165 MIAMI FL 33165 A0028877 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Ant. #, etc. Applied For City & State City & State 4. FEI Number 59-2081173 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent ESQUENAZI, JULIO Street Address (P.O. Box Number is Not Acceptable) 2500 S.W. 107TH AVENUE STE 5 MIAMJ FL 33165 Zio Code City 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 re-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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Delete TITLE GUTIERREZ, ALFREDO NAME NAME 2500 S.W. 107TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL ろろ165 CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete GUTTERREZ, LUIS E. NAME NAME 2500 S.W. 107TH AVE STREET ADDRESS STREET ADORESS MIAMI FL 33/65 CITY-ST-ZIP ☐ Addition ☐ Channe TITLE HERREBA_CARLOS NAME NAME 2500 S.W. 107177 AVE STREET ADDRESS STREET ADDRESS MIAMI FL 33/65 COPY ST-ZIP CITY-ST-ZIP GUTIERREZ-ROBAYOU Delete Change ■ Addition TITLE TITLE LUIS 2500 SW 107 AVE MIAMI, FL 33165 NAME EDUARD*(*) STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

TITLE NAME

Delete

NAME

STREET ADORESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP