

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000002586

1. Entity Name

NEW TIME COMPUTERS INC.

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90067 001 ***150.00

Principal Place of Business

9032 NW 12TH STREET
MIAMI FL 33172

Mailing Address

9032 NW 12TH STREET
MIAMI FL 33172

D0018864



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1637 N.W. 79TH AVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

4. FEI Number

65-0972170

Applied For

Not Applicable

Zip

33126

Country

MIAMI-DADE

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

APARICIO, JUAN C
14232 SW 115TH TERRACE
MIAMI FL 33186

7. Name and Address of New Registered Agent

Name

MIGUEL CAMONES

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

8249 NW. 36 ST # 214

City

MIAMI

FL

Zip Code

33166

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

2-14-2001

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
CANTERO, ELADIO
9032 NW 12TH STREET
MIAMI FL 33172

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
10127 NW. 55 TER
MIAMI, FL 33178

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-14-2001

Date

(305) 778-4414

Daytime Phone #

CR2E034 (10/00)