

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000024736**

1. Entity Name

ATTORNEYS' TIMEKEEPERS, INC.**FILED**
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90012 023 ***150.00

0203140

Principal Place of Business Mailing Address
10400 SW 22ND ST. 10400 SW 22ND ST.
MIAMI FL 33165 MIAMI FL 33165

910278

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1006781

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MORRIS, YVONNE**9310 WEST FLAGLER ST., #103 10400 SW. 22 ST**
MIAMI FL 33174 33165

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

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **MORRIS, YVONNE**
STREET ADDRESS **9310 WEST FLAGLER ST., #103**
CITY-ST-ZIP **MIAMI FL 33174**

TITLE **D** ☒ Change ☐ Addition
NAME **Yvonne Morris**
STREET ADDRESS **10400 SW. 22 ST.**
CITY-ST-ZIP **MIAMI, FL. 33165**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Yvonne Morris, Pres. 1/14/01 (305) 666-4660

CR2E034 (10/99)