2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000025581

1. Entity Name
LIKE CLOCKWORK, INC.

Principal Place of Business	Mailing Address
2899 COLLINS AVENUE #1745	2899 COLLINS AVENUE #1745
MIAMI BEACH FL	MIAMI BEACH FL
33140	33140

2. Principal Place of Business	3. Mailing Address
11434 SW 74 STREET	11434 SW 74 STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State	City & State
MIAMI FL	MIAMI FL

Zip	Country	Zip	Country
33173		33173	

4. FEI Number   **65-0987627** | Applied For / Not Applicable

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
VALENSKA NARAH	Name: VALENSKA NARAH
2899 COLLINS AVENUE #1745	Street Address (P.O. Box Number is Not Acceptable) 11434 SW 74 STREET
MIAMI BEACH FL	
33140	City: MIAMI FL Zip Code: 33173

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 _____   05/01/2001

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 State

10. 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	VD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	RIVERA LUIS A		NAME		
STREET ADDRESS	10815 SW 112TH AVE. #204		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33176		CITY-ST-ZIP		
TITLE	PD	☐ Delete	TITLE	PD	☒ Change ☐ Addition
NAME	VALENSKA NARAH		NAME	VALENSKA NARAH	
STREET ADDRESS	2899 COLLINS AVENUE #1745		STREET ADDRESS	11434 SW 74 STREET	
CITY-ST-ZIP	MIAMI BEACH FL 33140		CITY-ST-ZIP	MIAMI FL 33173	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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		

CR2E034 (11/00)

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: ___NARAH VALENSKA___   PD   05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #