

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90068 009 ***150.00

DOCUMENT # P00000101390

1. Entity Name
TIME-OUT MIAMI, INC.



Principal Place of Business

11401 NW 12 ST
K113

PLANTATION FL 33325

Mailing Address

11749 NW 5TH STREET
PLANTATION FL 33325

90004142



2. Principal Place of Business

11401 NW 12 ST

Suite, Apt. #, etc.

K113

City & State

Miami FL

Zip

33172

Country

3. Mailing Address

11401 NW 12 ST

Suite, Apt. #, etc.

K-113

City & State

Miami

Zip

FL

Country

33172

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-1087837

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

DAHAMAN, MERAV

11749 NW 5TH STREET
PLANTATION FL 33325

7. Name and Address of New Registered Agent

Name

Monica Fernandez

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

11265 NW 50th Terrace

City

Miami

FL

Zip Code

33172

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

**9. Election Campaign Financing
Trust Fund Contribution.**

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PSD ☒ Delete
NAME DAHAMAN, MERAV
STREET ADDRESS 11749 NW 5TH STREET
CITY-ST-ZIP PLANTATION FL 33325

TITLE TD ☒ Delete
NAME DAHAMAN, RAMI
STREET ADDRESS 11749 NW 5TH STREET
CITY-ST-ZIP PLANTATION FL 33325

TITLE VP ☐ Delete
NAME FERNANDEZ REVILLA, MONICA
STREET ADDRESS 11265 NW 50 TERRACE
CITY-ST-ZIP MIAMI FL 33178

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE P-V-P-T-S ☒ Change ☐ Addition
NAME Fernandez Revilla Monica
STREET ADDRESS 11265 NW 50 terrace
CITY-ST-ZIP Miami FL 33178

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Monica Fernandez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

01/13/02 736 845 0048

Daytime Phone #

CR2E034 (10/02)