

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State
 05-10-2001 90161 045 ***150.00

DOCUMENT # P00000107057

1. Entity Name

TIME PRODUCTS LATIN AMERICA, CORP.

Principal Place of Business

**ONE BISCAYNE TOWER, SUITE 2975
 TWO SOUTH BISCAYNE BOULEVARD
 MIAMI FL 33131**

Mailing Address

**ONE BISCAYNE TOWER, SUITE 2975
 TWO SOUTH BISCAYNE BOULEVARD
 MIAMI FL 33131**

2. Principal Place of Business

**14 NE 1st AVE.
 Suite, Apt. #, etc.
 610**

3. Mailing Address

**14 NE 1st AVE.
 Suite, Apt. #, etc.
 610**

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-1056103

Applied For

Not Applicable

Zip
33132

Country
USA

Zip
33132

Country
USA

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

**MACDANIEL, JOHN M ESQ.
 ONE BISCAYNE TOWER, SUITE 2975
 TWO SOUTH BISCAYNE BOULEVARD
 MIAMI FL 33131**

Name

MEIR SHNITZER

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

14 NE 1st AVENUE

SUITE # 610

City

MIAMI

FL

Zip Code
33132

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

MEIR SHNITZER

4-30-01

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 ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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

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:

MEIR SHNITZER

4/30/01

305-381-8886

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)