

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90243 010 ***158.75

DOCUMENT # **PO0000107291**

1. Entity Name

FIXED IN TIME, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

611 S. Hollybrook Dr.

Suite, Apt. #, etc.

#102

3. Mailing Address

611 S. Hollybrook Dr.

Suite, Apt. #, etc.

#102

City & State

Pembroke Pines, FL

City & State

Pembroke Pines, FL

Zip

33025

Country

U.S.

Zip

33025

Country

U.S.

4. FEI Number

65-1057676

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

MARK MODIST

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

611 S. Hollybrook Dr.

Suite, Apt. #, etc.

#102

City

Pembroke Pines

FL

Zip Code

33025

**DO NOT WRITE
IN THIS SPACE**

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

4/23/02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	P, D
NAME	MARK MODIST
STREET ADDRESS	611 S. Hollybrook Dr. #102
CITY-ST-ZIP	Pembroke Pines, FL 33025
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 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 #

President MARK MODIST 4/23/02 431-3495

CR2E034B (12/01)