

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 27, 2002 8:00 am
Secretary of State

05-19-2002 90240 018 ***150.00

DOCUMENT # P01000030321

1. Entity Name

MIDAS WATCH, INC.

Principal Place of Business

214 NE 1ST ST.
MIAMI FL 33132

Mailing Address

214 NE 1ST ST.
MIAMI FL 33132

2. Principal Place of Business

11401 NW 12th Street

3. Mailing Address

11401 NW 12th Street

Suite, Apt. #, etc.

248

Suite, Apt. #, etc.

248

City & State

MIAMI, FL 3

City & State

MIAMI, FL

Zip

33172

Country

USA

Zip

33172

Country

USA

4. FEI Number

65-1089746

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

ZAFAR, SYED F
9705 SW 05 AVE.
MIAMI FL 33176

7. Name and Address of New Registered Agent

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, 2002 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

TITLE ☐ Delete
 NAME DP
 STREET ADDRESS 5340 NW 104TH CT.
 CITY-ST-ZIP MIAMI FL 33178

TITLE ☐ Delete
 NAME DVT
 STREET ADDRESS DE SHNITZER, CLARISSA FALCO
 CITY-ST-ZIP 8225 LOS PINOS CIR.
 CORAL GABLES FL 33143

TITLE ☐ Delete
 NAME DS
 STREET ADDRESS TODYWALA, Lyla
 CITY-ST-ZIP 5340 NW 104TH CT.
 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

12. 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 ☐ Change ☐ Addition
 NAME
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 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/28/02

Date

305-666-3551

Daytime Phone #

CR2E034 (9/01)