

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 16, 2002 8:00 am
Secretary of State

05-23-2002 90053 022 ***150.00

DOCUMENT # P01000046188

1. Entity Name
TIME 2 WORK SERVICE, INC.

Principal Place of Business Mailing Address
4471 NW 36 ST STE 210 4471 NW 36 ST STE 210
MIAMI SPRINGS FL 33166 MIAMI SPRINGS FL 33166

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

Zip Country Zip Country

4. FEI Number **65-1099466** Applied For
 Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

TORRES, LUZ A
4471 NW 36 ST STE 210
MIAMI SPRINGS FL 33166

7. Name and Address of New Registered Agent

Name **MARTA SUSANA CEDERNA**
 Street Address (P.O. Box Number is Not Acceptable)
4471 NW 36 ST STE 210
 City **MIAMI SPRINGS** FL Zip Code **33166**

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]* DATE **04-05-02**
 (NOTE: Registered Agent signature required when reinstating)

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	DPT	<input type="checkbox"/> Delete
NAME	CEDERNA, MARTA S	
STREET ADDRESS	14248 SW 97 TERR	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	DVS	<input checked="" type="checkbox"/> Delete
NAME	TORRES, LUZ A	
STREET ADDRESS	5701 COLLINS AVE APT #1604	
CITY-ST-ZIP	MIAMI BCH FL 33140	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTA S. CEDERNA	
STREET ADDRESS	14248 SW 97 TERR	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **04-05-02** Daytime Phone # **305 885 805**

CR2E034 (9/01)