

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90209 001 ***158.75

DOCUMENT # P01000085978

1. Entity Name
MY TIME 2 EAT.COM, INC.

Principal Place of Business
1640 WEST OAKLAND PARK BLVD SUITE 300
FORT LAUDERDALE FL 33311

Mailing Address
1640 WEST OAKLAND PARK BLVD SUITE 300
FORT LAUDERDALE FL 33311



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-1136398		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/>	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BERON, ANIBAL FABIAN 1640 WEST OAKLAND PARK BLVD SUITE 300 FORT LAUDERDALE FL 33311		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 _____ (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) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <input type="checkbox"/> Delete CEO NAME DIAZ, SILVIO STREET ADDRESS 1640 WEST OAKLAND PARK BLVD SUITE 300 CITY-ST-ZIP FORT LAUDERDALE FL 33311	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"/> Delete PD NAME BERON, ANIBAL FABIAN STREET ADDRESS 1640 WEST OAKLAND PARK BLVD SUITE 300 CITY-ST-ZIP FORT LAUDERDALE FL 33311	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"/> Delete VD NAME FERNANDEZ, LUIS M STREET ADDRESS 1640 WEST OAKLAND PARK BLVD SUITE 300 CITY-ST-ZIP FORT LAUDERDALE FL 33311	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"/> Delete SD NAME BERON, NESTOR STREET ADDRESS 1640 WEST OAKLAND PARK BLVD SUITE 300 CITY-ST-ZIP FORT LAUDERDALE FL 33311	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 checked="" type="checkbox"/> Delete TD NAME ELBAZ, ISAAC STREET ADDRESS 1640 WEST OAKLAND PARK BLVD SUITE 300 CITY-ST-ZIP FORT LAUDERDALE FL 33311	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME TD STREET ADDRESS Robert Rettener CITY-ST-ZIP 1640 West Oakland Park	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"/> Delete 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 or without other like empowered.

SIGNATURE: **Silvio Diaz** 428-02 (954) 485-1253
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #