

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90014 042 ***150.00

DOCUMENT # P01000095768

1. Entity Name
ACTION TIME HOLDINGS, INC.

Principal Place of Business
21215 NE 38TH AVE.
AVENTURA FL 33180

Mailing Address
21215 NE 38TH AVE.
AVENTURA FL 33180

2. Principal Place of Business
4700 Sheridan St Bld N
 Suite, Apt. #, etc.
Bld N
 City & State
Hollywood, FL
 Zip
33021 Country
Broward

3. Mailing Address
4700 Sheridan St
 Suite, Apt. #, etc.
Bld N
 City & State
Hollywood, FL
 Zip
33021 Country
Broward



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KAUFMAN, CHERYL JULIE
2301 SUNSET DRIVE
MIAMI BEACH FL 33140

4. FEI Number ☐ Applied For ☒ Not Applicable

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

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 _____ (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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURSTYN, DAVID 21215 NE 38TH AVE. AVENTURA FL 33180 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Burstyn, David 4700 Sheridan St Bld N Hollywood FL 33021 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]* **4/30/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)