


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

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DOCUMENT # P01000102944

1. Entity Name
On-Time FundRaiser Inc.



FILED

03 AUG -7. AM 11:31

SECRETARY OF STATE
TALLAHASSEE-FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1000 Ponce de Leon
Suite, Apt. #, etc.
Ste: 328
City & State
Coral Gables, FL
Zip
33134
Country

3. Mailing Address
1000 Ponce de Leon
Suite, Apt. #, etc.
Ste: 328
City & State
Coral Gables, FL
Zip
33134
Country

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IN THIS SPACE**

4. FEI Number ☒ Applied For
Not Applicable

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

7. Name and Address of Current Registered Agent
Name
Edgar M. Duarte
Street Address (P.O. Box Number is Not Acceptable)
1000 Ponce de Leon Blvd. #328
City
Coral Gables FL Zip Code
33134

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Edgar M. Duarte* DATE 08/02/03

Signature of principal place of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Edgar M. Duarte # 1000 Ponce de Leon Blvd. 328 Coral Gables, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600022291896 08/13/03--01055--024 #450.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Derek Newton # 1000 Ponce de Leon Blvd. 328 Coral Gables, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D George Barcello # 1000 Ponce de Leon Blvd. 328 Coral Gables, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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02-03 TS

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Edgar M. Duarte* DATE 08/02/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR200348 (12/02)

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TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

DUE TO A CHANGE OF ADDRESS I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE FOR 2002a UNIFORM BUSINESS REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,

EDGAR M. DUARTE
PRESIDENT