

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90145 042 ***150.00

0162167 AV

DOCUMENT # P02000036761

1. Entity Name
COVERTIME, CORP.



Principal Place of Business
~~G/O ROTH ROUSSO & DARRACH PA~~
~~3440 HOLLYWOOD BLVD STE 360~~
~~HOLLYWOOD FL 33021~~

Mailing Address
~~G/O ROTH ROUSSO & DARRACH PA~~
~~3440 HOLLYWOOD BLVD STE 360~~
~~HOLLYWOOD FL 33021~~

2. Principal Place of Business

3. Mailing Address

3300 NE 191 ST Apt 305 BLDG 2

3300 NE 191 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Apt 305 BLDG 2

Apt 305 BLDG 2

City & State

City & State

AVENTURA

AVENTURA

Zip

Country

Zip

Country

33180

FL

33180

FL

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

82-0540458

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROTH, LEONARDO A ESQ.
G/O ROTH ROUSSO & DARRACH PA
3440 HOLLYWOOD BLVD STE 360
HOLLYWOOD FL 33021

Name
CHUEKE, ISRAEL D.

Street Address (P.O. Box Number is Not Acceptable)

3300 NE 191 ST Apt 305 BLDG 2

City
AVENTURA

FL

Zip Code

33180

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 **CHUEKE, ISRAEL D.**

04-28-03.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPVS
CHUEKE, ISRAEL D
3300 NE 191 ST APT 305 BLDG 2
AVENTURA FL 33180

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
CHUEKE, ISRAEL D
3300 NE 191 ST APT 305 BLDG 2
AVENTURA FL 33180

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 Block 11 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

04-28-03

Date

305-935-5412

Daytime Phone #

CR2E034 (10/02)