

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90771 049 ***150.00

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DOCUMENT # P02000056095

1. Entity Name

FIRST TIME INVESTMENTS, INC.



Principal Place of Business
650 S.W. 124 TERRACE
APT # 314
PEMBROKE PINES FL 33027

Mailing Address
650 S.W. 124 TERRACE
APT # 314
PEMBROKE PINES FL 33027



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

22-3867620

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GIMENO, INMACULADA
1429 N.W. 154 LANE
PEMBROKE PINES FL 33028

Name

Inmaculada Gimeno
3804 NW 122 Terr

City

Surprise

FL

Zip Code

33323

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/10/03

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 **P** ☐ Delete
NAME **GIMENO, INMACULADA**
STREET ADDRESS **1429 N.W. 154 LANE**
CITY-ST-ZIP **PEMBROKE PINES FL 33028**

☒ Change ☐ Addition
TITLE **3804 NW 122 Terr**
NAME **Surprise FL 33323**
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **GIMENO, PEDRO F**
STREET ADDRESS **650 S.W. 124 TERRACE APT. #314**
CITY-ST-ZIP **PEMBROKE PINES FL 33027**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

4/10/03

Date

305 698 6044

Daytime Phone #

CR2E034 (10/02)