

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-03-2003 90162 029 ***150.00

DOCUMENT # P02000109125

1. Entity Name
REAL TIME CHALLENGE, INC.



Principal Place of Business
**4700 HIATUS RD. #351
SUNRISE FL 33351**

Mailing Address
**4700 HIATUS RD. #351
SUNRISE FL 33351**



2. Principal Place of Business
5405 NW 102ND AVE

3. Mailing Address
5405 NW 102ND AVE

Suite, Apt. #, etc.
SUITE 201

Suite, Apt. #, etc.
SUITE 201

City & State
SUNRISE, FL

City & State
SUNRISE, FL

4. FEI Number
33-1025718

Applied For
Not Applicable

Zip
33351

Country
USA

Zip
33351

Country
USA

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

**LIBERMAN, AMIR
4700 HIATUS RD. #351
SUNRISE FL 33351**

Name
AMIR LIBERMAN
Street Address (P.O. Box Number is Not Acceptable)
5405 NW 102ND AVE
SUITE 201
City
SUNRISE FL Zip Code
33351

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]

AMIR LIBERMAN

3/31/2003

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
LIBERMAN, AMIR
7049 MARIPOSA CIR W
PEMBROKE PINES FL 33331** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
BONI, LOUIS JR
11859 NW 27 ST
CORAL SPRINGS FL 33065** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
DOYLE, KEITH
1063 NW 170 AVE
PEMBROKE PINES FL 33028** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
LIBERMAN, LEA
7049 MARIPOSA CIR W
PEMBROKE PINES FL 33331** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-2003

Date

954-572-0224

Daytime Phone #

CR2E034 (10/02)