

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**  
04-17-2003 90598 032 \*\*\*158.75

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DOCUMENT # P02000110977

1. Entity Name  
TIMBA, INC.



Principal Place of Business  
~~710 WASHINGTON AVE STE #5~~  
~~MIAMI BEACH FL 33139~~

Mailing Address  
~~710 WASHINGTON AVE STE #5~~  
~~MIAMI BEACH FL 33139~~



2. Principal Place of Business  
150 SE 2nd AVENUE

3. Mailing Address  
PO BOX 190075

Suite, Apt. #, etc.  
Suite 1010

Suite, Apt. #, etc.

City & State  
MIAMI FLORIDA

City & State  
MIAMI BEACH

4. FEI Number  
55 08 02 110

Applied For  
Not Applicable

Zip Country  
33131 USA

Zip Country  
33119 FLORIDA

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

FINELEY, CHANDLER E ESQ  
~~710 WASHINGTON AVE STE #5~~  
~~MIAMI BEACH FL 33139~~

Name ~~FINELEY~~ & BOLOGNA  
Street Address (P.O. Box Number is Not Acceptable)  
150 S.E 2nd AVENUE Suite 1010  
City MIAMI, FL FL Zip Code 33131

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]* 04/15/2003  
Signature, typed or printed name of registered agent and title if applicable. (If STATE 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	D ROGELET, LIONEL 1000 WEST AVE STE 623 MIAMI BEACH FL 33139 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIONEL ROGELET PO BOX 190075 MIAMI BEACH FLORIDA, 33119 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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]* ROGELET 04/15/2003 305.289.0923  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)