

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 14, 2003 8:00 am**  
**Secretary of State**

07-24-2003 90117 039 \*\*\*550.00

**DOCUMENT # P02000116735**

1. Entity Name

NEW TIMES OF SOUTH FLORIDA, INC.



Principal Place of Business

816 NW 108 AVENUE  
PLANTATION FL 33324

Mailing Address

816 NW 108 AVENUE  
PLANTATION FL 33324

2. Principal Place of Business

10097 CLEARY BLVD

3. Mailing Address

10097 CLEARY BLVD

Suite, Apt. #, etc.

#230

Suite, Apt. #, etc.

#230

City & State

PLANTATION, FL

City & State

PLANTATION FL

Zip

33324

Country

BRONX

Zip

33324

Country

BRONX

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

36-4511216

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

RINAT, PERINTZ

816 NW 108 AVE

PLANTATION FL 33324

Name

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

10097 CLEARY BLVD STE #230

City

PLANTATION

FL

Zip Code

33324

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

*RINAT PERINTZ*

(NOTE: Registered Agent signature required when reinstating)

7-22-03

DATE

FILE NOW! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00  
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	PRES	<input type="checkbox"/> Delete
NAME	RINAT PERINTZ	
STREET ADDRESS	10097 CLEARY BLVD #230	
CITY-ST-ZIP	PLANTATION, FL 33324	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *RINAT PERINTZ* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/21/03 954-846-2424

CR2E034 (4/03)