

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

05-18-2001 91554 012 \*\*\*150.00

**DOCUMENT #** P93000061469**1. Entity Name**

United Time Corp. ✓

**Principal Place of Business**777 NW 72 AV.  
SHOWROOM 2AA19  
MIAMI, FL 33126777 NW 72 AVE  
SHOWROOM 2AA19  
MIAMI, FL 33126

00055439

DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

Suite, Apt. #, etc.

City &amp; State

Zip

Country

**3. Mailing Address**

Suite, Apt. #, etc.

City &amp; State

Zip

Country

**4. FEI Number**

65-0436004

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐**\$8.75 Additional  
Fee Required****6. Name and Address of Current Registered Agent**RIFAI KAZEM  
777 NW 72 AV.  
SHOWROOM 2AA19  
MIAMI, FL 33126**7. Name and Address of New Registered Agent**

Name

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

City

FL

Zip Code

**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.****SIGNATURE**

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

(NOTE: Registered Agent's signature required when re-establishing)

DATE

**9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.**  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State****10. Election Campaign Financing  
Trust Fund Contribution.** ☐**\$5.00 May Be  
Added to Fees****11. OFFICERS AND DIRECTORS**P/D  
HAZEM RIFAI  
777 NW 72 AVE # 2AA19  
MIAMI, FL 33126 ☐ DeleteTITLE ☐ DeleteNAME  
STREET ADDRESS  
CITY- ST- ZIPTITLE ☐ DeleteNAME  
STREET ADDRESS  
CITY- ST- ZIPTITLE ☐ DeleteNAME  
STREET ADDRESS  
CITY- ST- ZIPTITLE ☐ DeleteNAME  
STREET ADDRESS  
CITY- ST- ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY- ST- ZIPTITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY- ST- ZIPTITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY- ST- ZIPTITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY- ST- ZIPTITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY- ST- ZIP**13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered****SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Filing Fee #

4/30/01