

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000086061

1. Entity Name

WINGS OF TIME, INC.

FILED

Mar 23, 2000 8:00 am  
Secretary of State

03-23-2000 90032 018 \*\*\*158.75

Principal Place of Business

608 LINCOLN RD  
SOUTH MIAMI BEACH FL 33139

Mailing Address

608 LINCOLN RD  
SOUTH MIAMI BEACH FL 33139-2710

2. Principal Place of Business

1688 Meridian Avenue

3. Mailing Address

1688 Meridian Avenue

Suite, Apt. #, etc.

504

Suite, Apt. #, etc.

504

City & State

Miami FL

City & State

Miami FL

Zip

33139

Country

USA

Zip

33139

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HALIMI, PIERRE  
608 LINCOLN RD  
MIAMI FL 33139

7. Name and Address of New Registered Agent

Name Sarah Lacharlotte

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

1688 Meridian Avenue

#504

City Miami

FL

Zip Code 33139

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

*Pierre Halimi Lacharlotte*

Pierre Halimi Lacharlotte, President 3/20/00

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

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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

TITLE DP  
NAME HALIMI, PIERRE  
STREET ADDRESS 1 S COUNTY RD  
CITY-ST-ZIP PALM BEACH FL 33480 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☒ Change ☐ Addition  
NAME HALIMI LACHARLOTTE PIERRE  
STREET ADDRESS 3455 ROYAL PALM AVE  
CITY-ST-ZIP Miami Beach FL 33140

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

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

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

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

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Pierre Halimi Lacharlotte*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pierre Halimi Lacharlotte

3/20/00

305 799 2000

Date

Daytime Phone #