

FILED
May 29, 2002 8:00 am
Secretary of State

04-28-2002 90781 016 ***150.00

2002 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # D95000017791

1. Entity Name

TIK-TIME INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2777 S. OAKLAND FOREST DR

3. Mailing Address

DE

Suite, Apt. #, etc.

303

Suite, Apt. #, etc.

City & State

OAKLAND PARK

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0572405

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required.

7. Name and Address of Current Registered Agent

Name IZHAK ASSULIN

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

2777 S. OAKLAND FOREST DR #303

OAKLAND PARK FL

City

FL

Zip Code
33309

**DO NOT WRITE
IN THIS SPACE**

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]

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

(NOTE: Registered Agent signature required when redesignating)

DATE
3/19/02

9. This corporation is eligible to satisfy its intangible
tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-STATE-ZIP

D- ASSULIN IZHAK
2777 S. OAKLAND FOREST DR #303
OAKLAND PARK, FL 33309

TITLE
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CITY-STATE-ZIP

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE
3/19/02

Duration: Perpetual

CR2E034B (12/01)