

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90166 048 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P95000017791

1. Entity Name
TIK TIME, INC.



Principal Place of Business
2777 S OAKLAND FOREST DR
303
OAKLAND PARK, FL 33309

Mailing Address
5628 N PARK RD
FT. LAUDERDALE, FL 33312 US

2. Principal Place of Business

3. Mailing Address

2525 N STATE RD 7

Suite, Apt. #, etc.

Suite, Apt. #, etc.

115

City & State

City & State

HOLLYWOOD

4. FEI Number

65-0572405

Applied For

Not Applicable

Zip

Country

Zip

Country

33021

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ASSULEW, ITZLUK
2777 S OAKLAND FOREST DR
#303
FORT LAUDERDALE, FL 33309

Name STEVE Z LEVY

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

2525 N STATE RD 7 - STE 115

City

HOLLYWOOD

FL

Zip Code

33021

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-6-03

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 D ASSULIN, IZHAK
STREET ADDRESS 2777 S OAKLAND FOREST DR #303
CITY-STATE-ZIP OAKLAND PARK, FL 33309

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
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CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Caytime Phone #

4-6-03

954-7302321

CR2E034 (10/02)