

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State
05-01-2002 91536 016 ***150.00

01/01/2002 11:17

DOCUMENT # P95000077838

1. Entity Name

TIME CHECK INC.

Principal Place of Business

**2840-P STERLING ROAD
BAY 2840-P
HOLLYWOOD FL 33020**

Mailing Address

**2840-P STERLING ROAD
BAY 2840-P
HOLLYWOOD FL 33020**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0616321

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

ELDAJJANI, WIDIH

2840-P STIRLING ROAD

BAY 2840-P

HOLLYWOOD FL 33020

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 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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **UHAMLI, ALEX**
STREET ADDRESS **2840-P STIRLING ROAD**
CITY-ST-ZIP **HOLLYWOOD FL 33020**

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

TITLE ☐ Delete
NAME **VPSD**
STREET ADDRESS **ELDAJJANI, WADIH**
CITY-ST-ZIP **2840-P STIRLING ROAD**
HOLLYWOOD FL 33020

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

Attachment
Doc # NO1000003298
778736

Return this part with any correspondence
so we may identify your account. Please
correct any errors in your name or address.

CP 575 E
0716827436

Your Telephone Number (954) 739-0485 Best Time to Call 8:00 am DATE OF THIS NOTICE: 05-24-2001
Mon - Wed 4:30 PM EMPLOYER IDENTIFICATION NUMBER: 65-1104614
FORM: SS-4

INTERNAL REVENUE SERVICE
ATLANTA GA 39901

DREAM HOMES INVESTORS INC
% VALERIE MURPHY
3279 NW 43RD PL
OAKLAND PARK FL

~~33307~~
33309