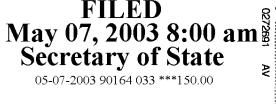
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P95000092960 **DOCUMENT #** 1. Entity Name TYMES-UP, INC.





						A STATE OF	'				
Principal Place of Business 17038 W. DIXIE HWY. #101 NORTH MIAMI BEACH FL 33160			Mailing Address 17038 W. DIXIE HWY. #101 NORTH MIAMI BEACH FL 33160				A TRANSFALL KIR INDAN DUNKA NOKI BANKA				
2. Principal Place of Business				3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.				-	☐ CHECK HERE IF	MAKING	CHANGES	;
City & State			City & State				4.	FEI Number 65-0633281	.		pplied For ot Applicable
Zip	Country			, Zip Cou		try	5.	Certificate of Status Desired		\$8.75 Ad Fee Require	ditional
6. Name and Address of Current F				ed Agent	1		7.	Name and Address of New Reg	istered /	Agent	
COLLETTI, LOUIS						Name					
17038 W. DIXIE HWY., #101					,	Street Addre	ess (P.O.	Box Number is Not Acceptable)			
NORTH MIAMI BEACH FL 33160							_			T =	
						City	_		FL	Zip Cod	le
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 Fiorida. I am familiar with, and accept the obligations of registered agent.											
SIGNATURE	Signature, typed	or printed name of registered agent a	nd title if app	olicable. (NOTE	E: Registered	d Agent signature rec	quired when	reinstating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								Election Campaign Final Trust Fund Contribution.		\$5.0 Adde	00 May Be d to Fees
10. OFFICERS AND DI				RECTORS 11.			A	DDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP		, Louis Dixie Hwy (#101) Iami Beach Fl		☐ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS - CITY-ST-ZIP - +				☐ Delete		Į.				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete					_	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		in.		☐ Delete						☐ 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.

(305) 794-0757