

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000028089

1. Entity Name  
TIMELINE SYSTEMS, INC.

**FILED**  
**Mar 12, 2001 8:00 am**  
**Secretary of State**

03-12-2001 90489 006 \*\*\*150.00

Principal Place of Business

4970 SW 72 AVE  
SUITE 104  
MIAMI FL 33155  
US

Mailing Address

4970 SW 72 AVE  
SUITE 104  
MIAMI FL 33155  
US

00024433

2. Principal Place of Business

7003 N Waterway DR  
Suite, Apt. #, etc.  
Suite 203

3. Mailing Address

7003 N Waterway DR  
Suite, Apt. #, etc.  
Suite 203

DO NOT WRITE IN THIS SPACE

City & State

Miami FL

City & State

Miami FL

4. FEI Number 65-0664091

Applied For

Not Applicable

Zip

33155

Country

US

Zip

33155

Country

US

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

RODRIGUEZ, MARIO  
2351 SW 37 AVE #704  
MIAMI FL 33145

Name

Mario Rodriguez  
Street Address (P.O. Box Number is Not Acceptable)  
1029 Mariposa Ave

City

Coral Gables

FL

Zip Code

33146

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, 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, 2001 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 D  
STREET ADDRESS RODRIGUEZ, MARIO  
CITY-ST-ZIP 4970 SW 72 AVE, SUITE 104  
MIAMI FL 33155

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mario Rodriguez

Date

Daytime Phone #

305 443-7440

CR2E034 (10/00)