

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90046 013 ***150.00

DOCUMENT # P96000064400

1. Entity Name
SMART TIME CORP.

Principal Place of Business
14 N.E. 1ST AVENUE
SUITE 610
MIAMI FL 33132

Mailing Address
14 N.E. 1ST AVENUE
SUITE 610
MIAMI FL 33132

2. Principal Place of Business
5555 ANGLERS AVE

3. Mailing Address
5555 ANGLERS AVE

Suite, Apt. #, etc.
19

Suite, Apt. #, etc.
19

City & State
FORT LAUDERDALE FL

City & State
FORT LAUDERDALE FL

Zip
33312

Country
USA

Zip
33312

Country
USA

4. FEI Number **65-0683121**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHNITZER, MEIR
14 N.E. 1ST AVENUE
SUITE 610
MIAMI FL 33132

Name
SHNITZER, MEIR
Street Address (P.O. Box Number is Not Acceptable)
5555 ANGLERS AVE SUITE 19
City **FORT LAUDERDALE** **FL** **Zip Code** **33312**

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 **MEIR SHNITZER** **04/17/02**
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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** ☐ **Delete**
NAME **SHNITZER, MEIR**
STREET ADDRESS **14 N.E. 1ST AVENUE, SUITE 610**
CITY-ST-ZIP **MIAMI FL 33132**

TITLE **PSD** ☒ **Change** ☐ **Addition**
NAME **SHNITZER, MEIR**
STREET ADDRESS **5555 ANGLERS AVE SUITE 19**
CITY-ST-ZIP **FORT LAUDERDALE FL, 33312**

TITLE **VTD** ☐ **Delete**
NAME **FURMAN, MARIO**
STREET ADDRESS **14 N.E. 1ST AVENUE, SUITE 610**
CITY-ST-ZIP **MIAMI FL 33132**

TITLE **VTD** ☒ **Change** ☐ **Addition**
NAME **FURMAN, MARIO**
STREET ADDRESS **5555 ANGLERS AVE SUITE 19**
CITY-ST-ZIP **FORT LAUDERDALE FL, 33312**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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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: **MEIR SHNITZER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/17/02 954-981-0717
Date Daytime Phone #

CR2E034 (9/01)