FROM : FAX NO. : 4259408020

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90715 016 ***150.00

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000086897

1. Entity Name

Time and shades Inc

11039585

Principal Place of Business	Mailing Address
7521 International Drive	13813 HUNTWICK DR.
ORLANDO, FL 32819	ORLANDO, FL 32837

2. Principal Place of Business — Suite, Apt. #, etc. — City & State — Zip — Country

3. Mailing Address — Suite, Apt. #, etc. — City & State — Zip — Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3405815 — Applied For / Not Applicable

5. Certificate of Status Desired — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BASARIA, NUR, MOHD
13813 HUNTWICK DR.
ORLANDO FL 32837-2546

7. Name and Address of New Registered Agent

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, 2000 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

TITLE	Director
NAME	BASARIA, NUR, MOHD
STREET ADDRESS	13813 HUNTWICK DR.
CITY - ST - ZIP	ORLANDO FL 32837-2546

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

CRE034 (9/99)

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: N. BASARIA NURMOHD BASARIA 05-1-03 407 370-7077

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #