2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 13, 2001 8:00 am Secretary of State DOCUMENT # P9800005432 1. Entity Name TIME WARP WATCHES, INC. 04-13-2001 90044 039 ***150.00 Principal Place of Business Mailing Address 5792 SUNSET DRIVE 5792 SUNSET DRIVE MIAMI FL 33143 MIAMI FL 33143 2. Principal Place of Business 5802 SUNSET ORIVE 3. Mailing Address 5802 SUNSET DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0824299 tuneioa SOUTHMIAM! FLORIDA SOUTH MIAMI Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TAMI AIZENSTAT AIZENSTATI. TAMI Street Address (P.O. Box Number is Not Acceptable) **5792 SUNSET DRIVE** MIAMI FL 33143 5802 SUNSET DRIVE 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 TAMI, AIZOUSTAT Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. **PSTD** PSTO **Change** TITLE ☐ Delete TITLE AIZENSTAT, TAMI AIZENSTAT, TAMI NAME NAME SKOZ SUNSET ORIVE STREET ADDRESS 5792 SUNSET DRIVE STREET ADDRESS CITY-ST-ZIP SOUTH MIAMI, FL. 33143 CITY-ST-ZIP **MIAMI FL 33143** ☐ Delete TITLE TITLE STEINER, PENNY STEINER, PENNY NAME NAME S802 SUNGET DRIVE STREET ADDRESS 5792 SUNSET DR STREET ADDRESS SOUTH MIAMI FL. 33143 CITY-ST-ZIP **MIAMI FL 33143** CITY-ST-ZIP ..._ Change ___ Addition Delete TITLE _. TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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:

TE ASSETYPED OR PRE NAME OF SIGNING OFFICER OR DIRECTOR

\Date Daytime Phone #