

FILED
Jun 12, 2003 8:00 am
Secretary of State

03-05-2003 90057 031 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

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3/5

DOCUMENT # P98000081125

1. Entity Name
TIMEZON INTERNATIONAL, INC.



55047725

Principal Place of Business
169 E FLAGLER STREET
STE 727
MIAMI FL 33131

Mailing Address
540 W. 37TH STREET
MIAMI BEACH FL 33140

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0865203

Applied For
Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEIN, WILHELM A
540 W. 37TH STREET
MIAMI BEACH FL 33140

Daniel Minkowitz
3300 W. 152nd St
Apt 705
Aventura, FL
33180

TIMEZON INTERNATIONAL, INC.
169 E. Flagler Street
Suite 727
City Miami FL Zip Code 33131

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

6/10/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP
NAME MINKOWITZ, RINA
STREET ADDRESS 540 W. 37TH STREET
CITY-ST-ZIP MIAMI BEACH FL 33140 ☐ Delete

TITLE Director
NAME Rina Stein
STREET ADDRESS 169 E. Flagler Street, Suite 727
CITY-ST-ZIP Miami FL 33131 ☐ Change ☐ Addition

TITLE P
NAME STEIN, WILHELM A
STREET ADDRESS 540 W. 37TH STREET
CITY-ST-ZIP MIAMI BEACH FL 33140 ☐ Delete

TITLE Director
NAME Wilhelm A. Stein
STREET ADDRESS 169 E. Flagler Street, Suite 727
CITY-ST-ZIP Miami, FL 33131 ☐ Change ☐ Addition

TITLE CP
NAME DANIEL KINKOWITZ
STREET ADDRESS 540 W. 37TH STREET
CITY-ST-ZIP MIAMI FL 33140 ☐ Delete

TITLE Director
NAME Daniel Minkowitz
STREET ADDRESS 169 E. Flagler Street, Suite 727
CITY-ST-ZIP Miami, FL 33131 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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, without other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20034 (10/02)