

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000106088

1. Entity Name  
**RIGHT TIME GROUP, INC.**

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

04-12-2001 90183 028 \*\*\*150.00

Principal Place of Business

6262 BIRD ROAD  
SUITE #2A  
MIAMI FL 33155  
US

Mailing Address

6262 BIRD ROAD  
SUITE #2A  
MIAMI FL 33155  
US

LUU40011



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
82-11 37th Avenue

3. Mailing Address  
82-11 37th Avenue

Suite, Apt. #, etc.  
Suite # 705

Suite, Apt. #, etc.  
Suite # 705

City & State  
Jackson Heights, New York

City & State  
Jackson Heights, New York

Zip  
11372

Country  
USA

Zip  
11372

Country  
USA

4. FEI Number 65-0883229

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

RUBIN, ALLEN  
6262 BIRD ROAD  
MIAMI FL 33155

7. Name and Address of New Registered Agent

Name  
Graham H. Hinchliffe  
Street Address (P.O. Box Number is Not Acceptable)  
7662 SW 169St.  
City  
Miami FL Zip Code  
33157

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 *Graham H. Hinchliffe* Graham H. Hinchliffe 30 March 2001  
Signature, typed or printed name of registered agent, 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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RUBIN, ALLEN	
STREET ADDRESS	6262 BIRD ROAD, SUITE 2-A	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	D	<input type="checkbox"/> Delete
NAME	JIN YOU, LIAN	
STREET ADDRESS	6262 BIRD ROAD	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	D	<input type="checkbox"/> Delete
NAME	KIN YAU, LEUNG	
STREET ADDRESS	6262 BIRD RD	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JIN YOU, LIANG	
STREET ADDRESS	82-11 37th Ave	
CITY-ST-ZIP	Suite # 705 Jackson Heights, NY11372	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIN YAU, LEUNG	
STREET ADDRESS	82-11 37th Ave	
CITY-ST-ZIP	Suite # 705 Jackson Heights, NY11372	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KWO YUK, LI	
STREET ADDRESS	82-11 37th Ave	
CITY-ST-ZIP	Suite # 705 Jackson Heights, NY11372	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *KIN YAU, LEUNG*

KIN YAU, LEUNG

30 March 2001 718-899-8881

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)