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Daytime Phone #

2002 UNIFORM-BUSINESS REPORT-(UBR)

Feb 13, 2002 8:00 am P98000106088 DOCUMENT # **Secretary of State** 1. Entity Name 02-13-2002 90230 014 ***158.75 RIGHT TIME GROUP, INC. Principal Place of Business Mailing Address 82-11 37TH AVENUE 82-11 37TH AVENUE 00025453 **SUITE #705 SUITE #705** JACKSON HEIGHTS NY 11372 JACKSON HEIGHTS NY 11372 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0883229 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DANIEU HINCHLIFFE, GRAHAM H Street Address (P.O. Box Number is Not Acceptable) 7662 SW 169 STREET MIAMI_FL 33157 SW_152_AVE Zip Code 330 Y IR AMAR 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 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 11. OFFICERS AND DIRECTORS (9/01) TITLE ☐ Delete TITLE ☐ Change Addition JIN YOU, LIANG NAME NAME 82-11 37TH AVENUE STREET ADDRESS STREET ADDRESS **JACKSON HEIGHTS NY 11372** CITY-ST-ZIP CITY-ST-7iP Change TITLE Delete TITLE ☐ Addition NAME KIN YAU, LEUNG NAME STREET ADDRESS 82-11 37TH AVENUE STREET ADDRESS JACKSON HEIGHTS NY 11372 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME KWO YUK, LI NAME STREET ADDRESS STREET ADDRESS 82-11 37TH AVENUE CITY-ST-ZIP JACKSON HEIGHTS NY 11372 CITY-ST-7IP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITI F 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.

re required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: