

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 14, 2001 8:00 am
Secretary of State

09-14-2001 90030 004 ***550.00

DOCUMENT # P99000083783

1. Entity Name
TIME TO FLY CUISINE, INC.

Principal Place of Business

**13205 U.S. HWY ONE
 SUITE 101
 JUNO BEACH FL 33408**

Mailing Address

**13205 U.S. HWY ONE
 SUITE 101
 JUNO BEACH FL 33408**



2. Principal Place of Business

**13205 US Highway One
 Suite, Apt. #, etc.
 101**

3. Mailing Address

**13205 US Highway One
 Suite, Apt. #, etc.
 101**

City & State

**Juno Beach FL
 Zip: 33408
 Country: Juno Beach**

City & State

**FL
 Zip: 33408
 Country: Juno Beach**

4. FEI Number

65-0953295

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WHITE, CHARLES R.L.
 725 NORTH A1A, STE. E-102
 JUPITER FL 33477**

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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** ☐ Delete
 NAME **PULICE, GAYLE L**
 STREET ADDRESS **1308 MAINSAIL CIR.**
 CITY-ST-ZIP **JUPITER FL 33477**

TITLE **D** ☐ Delete
 NAME **PULICE, MARJORIE M**
 STREET ADDRESS **257 COUNTRY CLUB DR.**
 CITY-ST-ZIP **MANHASSETT NY 11030**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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 information.

SIGNATURE

MARJORIE PULICE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/05/01

Date

561 779-5837

Daytime Phone #

CR2E034 (5/01)