

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000098492**

1. Entity Name

YOUR TIME MATTERS, INC.**FILED****May 03, 2001 8:00 am**
Secretary of State

05-03-2001 90933 012 ***150.00

Principal Place of Business

**5970 SW 18TH ST
PMB 223
BOCA RATON FL 33433**

Mailing Address

**5970 SW 18TH ST
PMB 223
BOCA RATON FL 33433**

2. Principal Place of Business

973 PARKSIDE CIR NW

3. Mailing Address

973 PARKSIDE CIR NW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boca Raton FL

City & State

Boca Raton FL4. FEI Number **65-0960290**

Applied For

Not Applicable

Zip

33486

Country

USA

Zip

33486

Country

USA5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ALTMAN, CHERYL L
937 DAFFODIL DRIVE
WELLINGTON FL 33414**

7. Name and Address of New Registered Agent

Name

R. Weil

Street Address (P.O. Box Number is Not Acceptable)

973 PARKSIDE CIR NW

City

Boca Raton

FL

Zip Code

33486

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 **R. Weil**

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

(NOTE: Registered Agent signature required when reinstating)

4-27-01

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	WEIL, RENEE	973 PARKSIDE CIR NO	BOCA RATON FL 33486	<input type="checkbox"/>

VP	ALTMAN, CHERYL L	937 DAFFODIL DRIVE	WELLINGTON FL 33414	<input checked="" type="checkbox"/>
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				<input type="checkbox"/>
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				<input type="checkbox"/>
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				<input type="checkbox"/>
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				<input type="checkbox"/>
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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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 empowered.

SIGNATURE: **R. Weil**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-01

Date

561-338-6225

Daytime Phone #

CR2E034 (10/00)