

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F25266

1. Entity Name

TOPS PLUS, INC.

FILED
Sep 06, 2000 8:00 am
Secretary of State

08-03-2000 90033 015 ***150.00
 09-06-2000 90087 046 ***400.00

Principal Place of Business 12940 SW 122 AVE MIAMI FL 33186 US	Mailing Address 12940 SW 122 AVE MIAMI FL 33186-6215 US
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2. Principal Place of Business <i>Same</i> Suite, Apt. #, etc.	3. Mailing Address <i>Same</i> Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-2070021	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent VACCARO, URSULA J 10531 S.W. 118 ST. MIAMI FL 33176		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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: *Ursula J. Vaccaro* DATE: *7-20-00*

Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agents signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPPT VACCARO, URSULA J 10531 SW 11 8 ST MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Ursula J. Vaccaro* DATE: *7-20-00* DAYTIME PHONE: *305-233-3131*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (9/99)