FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

| DOCUMENT # L01000017862 | | | | | | Feb 26, 2002 8:00 am Secretary of State | | | | |
|--|---|--|---------------------------------|--|---|---|-----------------------------------|----------------------|-------------------------|--|
| | TOP 1, LLC | - | | | | 02-26-2002 | 90083 001 | ***15 | 0.00 | |
| Principal Place of Business 2800 PONCE DE LEON BLVD STE. 1125 MIAMI FL 33134 MIAMI FL 33134 MIAMI FL 33134 | | | | . STE. 1125 | | ១៤១១ ០០ | | | | |
| • | ace of Business N.W. Lejeune Road #, etc. | 3. Mailing Address 1 3105 N W Suite, Apt. #, etc. | 3105 N.W. LEjeune Roa | | | d DO NOT WRITE IN THIS SPACE | | | | |
| City & State | , , , | City & State | | | | 4. FEI Number Applied For | | | | |
| Opa-Lo | ocka, FL Country | Opa-Locka, | Opa-Locka, FL Zip Country | | | CE OO A JUNE | | | ot Applicable | |
| 33054 | U.S.A. | 33054 | U.S | • | 5. Certi | ficate of Status Desired | | Require | | |
| , | 6. Name and Address of Current | Registered Agent | | Name | 7. Nam | e and Address of New R | egistered Agen | <u>t</u> | -= . | |
| SEIF, EVAN D 2800 PONCE DE LEON BLVD., STE. 1125 MIAMI FL 33134 | | | | Street Ad | ldress (P.O. Box I | Number is Not Acceptable | | Zin Coc | 10 | |
| | | | | City | | | FL | Zip Cod | 10 | |
| SIGNATURE _ | named entity submits this statement fo | | | | registered agent, | | rida. DATE ' | | | |
| FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of Due By May 1, 2002 | | | | | | | | | | |
| 9. | MANAGING MEMBE | | 10. | | | ADDITIONS/ | | | : | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | * - * * * * * * * * * * * * * * * * * * | ☐ Delete | | | MGR Holland 13105 N Opa-Loc | , Brian .W. LEJEUNE ka, FL 33054 | ROAD | Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | | | | , Wayne .W. Lejeune ka, FL 33054 | Road | Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | | | , a Theorem 1994 | يکت بن ۱۰۰۰ | | <u>C</u> hange | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | | | | | | Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | □ Delete | • | 1 | | | | Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | | | | | | Change | Addition | |
| 11. I hereby c indicated limited liab | ertify that the information supplied with on this report is true and accurate and oility company or the receiver or trusted | this filing does not qualify for that my signature shall have to empowered to execute this re- | the exer ne same eport as | nption state legal effect required b | ed in Section 119. It as if made unde y Chapter 608, Fi | 07(3)(i), Florida Statutes. I r oath; that I am a manag orida Statutes. | further certify the ing member or | nat the ii manage | nformation or of the | |