FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State
05-21-2002 91215 027 ***150.00

DOCUMENT # P95000028832

1. Entity Name
TOP SHOP IMPORT & EXPORT, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9373 FOUNTANBLUE BLVD	9373 FOUNTANBLUE BLVD
Suite, Apt. #, etc. K-227	Suite, Apt. #, etc. K-227
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33172 Country US	Zip 33172 Country US

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0571383 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: BERNARD H. BRYANT

Street Address (P.O. Box Number is Not Acceptable): 847 NW 119 STREET STE # 205

City: MIAMI **FL** Zip Code: 33168

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] 04-29-02.
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 PS NAME SILVA, CRISTIANE STREET ADDRESS 9373 FOUNTANBLUE BLVD STE # K-227 CITY-ST-ZIP MIAMI, FL 33172		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE VP NAME PERES, FLAVIO STREET ADDRESS 9373 FOUNTA BLUE BLVD STE # k-227 CITY-ST-ZIP MIAMI, FL 33172		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E038 (10/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 04/29/02.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #