

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

388684

1. Entity Name

TIP TOP EQUIPMENT CORP.

AMENDED
\$ 6/125

FILED
CLERK OF STATE
DIVISION OF CORPORATION

01 APR 11 AM 11:00

Principal Place of Business

Mailing Address

501 OLD GRIFFIN ROAD
P.O. BOX 248
DANIA BEACH, FL 33004

- Same -

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

06-0878885

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAMON A. SOLOMON
501 OLD GRIFFIN RD.
DANIA BEACH, FL 33004

Name

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

City

Same

900004014439-7
0447701-0111-030
*****61.FL *****61.25

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

Damon A. Solomon

DAMON A. SOLOMON, PRES.

4/03/01

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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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: X

Damon A. Solomon

DAMON A. SOLOMON, PRES.

04/03/01

(954) 921-6580

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)