

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 09, 2003 8:00 am**  
**Secretary of State**

04-09-2003 90102 026 \*\*\*150.00

DOCUMENT # K04881

1. Entity Name TOP SHOP INC  
DBA PETER OF LONDON



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 8735 S.W. 136th St

Suite, Apt. #, etc.

MIAMI

City & State MIAMI FLA

Zip 33176 Country USA

3. Mailing Address 8735 S.W. 136th St

Suite, Apt. #, etc.

MIAMI

City & State FLA

Zip 33176 Country USA

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4. FEI Number 592526331

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 ELISE LONEY

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

12705 S.W. 95th Ct

City MIAMI

FL

Zip Code 33176

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE L. Elise Loney

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

(NOTE: Registered Agent signature required when reinstating)

4/1/03  
DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PRESIDENT  
NAME ELISE LONEY  
STREET ADDRESS 12705 S.W. 95th Ct  
CITY-ST-ZIP MIAMI FLA 33176

TITLE SECRETARY  
NAME JULIETTE WILLIAMS  
STREET ADDRESS 9221 RIDGE LAND DRIVE  
CITY-ST-ZIP MIAMI FLA 33157

TITLE PETER LONEY OFFICER  
NAME PETER LONEY  
STREET ADDRESS 12705 S.W. 95th Ct  
CITY-ST-ZIP MIAMI FLA 33176

TITLE FELIPE WILLIAMS OFFICER  
NAME FELIPE WILLIAMS  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: L. Elise Loney L. ELISE LONEY 4/1/03 (305) 971-5785  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)