

5/21

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L01000004025**

1. Entity Name

TOP SHOPS INTERNATIONAL, LLC**FILED**
Jul 01, 2002 8:00 am
Secretary of State

05-22-2002 90205 015 ****50.00

95799



DO NOT WRITE IN THIS SPACE

Principal Place of Business 4801 S. UNIVERSITY DRIVE, SUITE 3010 C/O CAROLYN MYERS-SIMMONDS P.A. FORT LAUDERDALE FL 33328	Mailing Address 4801 S. UNIVERSITY DRIVE, SUITE 3010 C/O CAROLYN MYERS-SIMMONDS P.A. FORT LAUDERDALE FL 33328
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-1092133	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

MYERS-SIMMONDS, CAROLYN P.A.
4801 S. UNIVERSITY DRIVE, SUITE 3010
FORT LAUDERDALE FL 33328

7. Name and Address of New Registered Agent

Name
John Hardwick - President
Street Address (P.O. Box Number is Not Acceptable)

708 Foster RD.

City **Hallandale**

FL Zip Code **33009**

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

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

(NOTE: Registered Agent signature required when reinstating)

5/2/02
DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President John Hardwick 708 SW 5th Ct Hallandale Beach, FL 33009	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

John Hardwick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

5/2/02
Date

Daytime Phone #

CR2E083 (9/01)