

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000010035

FILED
May 07, 2003
Secretary of State

Entity Name: TOPS INTERNATIONAL LTD. CO.

Current Principal Place of Business:

39 HEATHER COVE DR
BOYNTON BEACH, FL 33436 US

New Principal Place of Business:

Current Mailing Address:

39 HEATHER COVE DR
BOYNTON BEACH, FL 33436 US

New Mailing Address:

FEI Number: 65-1130832

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RODRIGUEZ, ARLENIA
39 HEATHER COVE DR
BOYNTON BEACH, FL 33436

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: MENDOZA, CLEMENT R VP
Address: 337 KOTTY PINE CIRCLE
City-St-Zip: GREENACRES, FL 33463 US

Title: MGR () Delete
Name: MENDOZA, CLEMENT R VP
Address: 337 KNOTTY PINE CIRCLE
City-St-Zip: GREENACRES, FL 33436 US

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City-St-Zip: GREENACRES, FL 33463 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: CLEMENT R. MENDOZA

VP

05/07/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date