

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

DOCUMENT # L96000000466

1. Entity Name  
TIP TOP SOFTWARE LLC

00 APR 24 AM 10:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business . Mailing Address  
1591 E ATLANTIC BLVD. 1591 E ATLANTIC BLVD.  
SUITE 200 SUITE 200  
POMPANO BEACH FL 33060 POMPANO BEACH FL 33060-6748



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

mm

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0675320 Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

BAKERJIAN, JERRY  
1591 E ATLANTIC BLVD.  
SUITE 200  
POMPANO BEACH FL 33060

## 7. Name and Address of New Registered Agent

Name Carlton Management, Inc.  
Street Address (P.O. Box Number is Not Acceptable)  
1591 East Atlantic Blvd.  
Suite 200  
City Pompano Beach FL Zip Code 33060

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

(NOTE: Registered Agent signature required when reinstating)

4/15/00  
DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

900003258389--1  
-05/18/00--01134--003  
\*\*\*\*550.00 \*\*\*\*\*50.00

## 9. MANAGING MEMBERS / MEMBERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BOTHMA, THEUNS 37 BAY STATE ROAD #6 BOSTON MA 02215	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CREMER, ESME 37 BAY STATE ROAD #6 BOSTON MA 02215	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BOTHMA, THEUNS 37 BAY STATE ROAD #6 BOSTON MA 02215	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CREMER, ESME 37 BAY STATE ROAD #6 BOSTON MA 02215	<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
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/15/00  
Date

954-943-1488  
Daytime Phone #

CR2E083 (9/99)