

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90062 032 \*\*\*150.00

**DOCUMENT # P00000048776**

1. Entity Name

~~TOP CAPS, INC.~~

SIGNATURE

Reperic and Gifts Inc.

Principal Place of Business

Mailing Address

~~780 NE 37TH ST~~  
~~BOCA RATON FL 33431~~

780 NE 37TH ST  
 BOCA RATON FL 33431

2. Principal Place of Business

6732 Remington Pl

Suite, Apt. #, etc.

3. Mailing Address

6732 Remington Place

Suite, Apt. #, etc.

City & State

LAKE WORTH, Florida

Zip 33463

Country PALM Bch

City & State

LAKE WORTH FL 33463

Zip 33463

Country PALM BEACH

4. FEI Number

65 054 0510

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

LAROSIERE, KAREN

780 NE 37TH ST

BOCA RATON FL 33431

Name

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

City

FL

Zip Code

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)

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

TITLE	D	<input type="checkbox"/> Delete
NAME	LAROSIERE, KAREN	
STREET ADDRESS	780 NE 37TH ST	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	Joyce TOMMASINO	<input type="checkbox"/> Delete
NAME	6732 REMINGTON PL.	
STREET ADDRESS	LAKE WORTH, FL.	
CITY-ST-ZIP	33463	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joyce TOMMASINO	
STREET ADDRESS	6732 REMINGTON PL.	
CITY-ST-ZIP	LAKE WORTH, FL. 33463	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Karen Larosiere

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/01

Date

561 3926023

Daytime Phone #

CR2E034 (10/00)