

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Jul 17, 2001 8:00 am**  
**Secretary of State**

07-17-2001 90006 002 \*\*\*150.00

0018009  
AV**DOCUMENT # P00000053054**

1. Entity Name

**TOP OF THE LINE COMMUNICATIONS, INC.**

Principal Place of Business

**3120 W HALLANDALE BCH BLVD #L-526  
HALLANDALE FL 33009**

Mailing Address

**3120 W HALLANDALE BCH BLVD #L-526  
HALLANDALE FL 33009**

A000000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**65-1089671**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SOULIER, CINDY M****3120 W HALLANDALE BCH BLVD #L-526  
HALLANDALE FL 33009**

7. Name and Address of New Registered Agent

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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

TITLE **DP** ☐ Delete  
NAME **SOULIER, CINDY M**  
STREET ADDRESS **3120 W HALLANDALE BCH BLVD #L-526**  
CITY-ST-ZIP **HALLANDALE FL 33009**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
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NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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CITY-ST-ZIPTITLE ☐ Change ☐ 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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**7/11/01**

Date

**(954) 802-8681**

Daytime Phone #

CR2E034 (5/01)

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000053054

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HALLANDALE FL 33009

Mailing Address

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HALLANDALE FL 33009

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3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For  
☐ Not Applicable

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Fee Required

6. Name and Address of Current Registered Agent

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SOUJER, CINDY M  
3120 W HALLANDALE BCH BLVD #L-526  
HALLANDALE FL 33009

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's 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

TITLE	DP	<input type="checkbox"/> Delete
NAME	SOUJER, CINDY M	
STREET ADDRESS	3120 W HALLANDALE BCH BLVD #L-526	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
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ADMMG  
Attachment

DO NOT WRITE IN THIS SPACE

0089165

0089165

Attachment  
DH# 0000053034  
A007749

**Top of The Line Communications, Inc.**  
**3120 W. Hallandale Beach Blvd. #L-526**  
**Hallandale, Florida 33009**

**July 11, 2001**

**Please see attached copy of the original UBR report form I sent back on April 23, 2001 along with my check for \$150.00. After receiving another UBR report form I called my bank to find that check has never cleared. I have requested a stop payment on that check.**

**I then called the number on the form and spoke to a young lady in your Department that I explained this to and she advised me to fill out the 2<sup>nd</sup> form, attach a copy of the one I previously sent and include another check for \$150.00. I am going to send this certified mail to ensure this UBR form gets to your office. Please advise if any additional information is needed.**

**Thank You,**



**Cindy Soulier**  
**President**