## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 24, 2001 8:00 am Secretary of State DOCUMENT\*\*P00000101138 1. Entity Name TOP PROPERTIES REAL ESTATE GROUP, INC. 04-24-2001 90050 028 \*\*\*158.75 Principal Place of Business Mailing Address SOUTH PINE ISLAND RD., #101 5 SOUTH PINE ISLAND RD., #101 PLANTATION FL 33324 PLANTATION FL 33324 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1052126 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired X Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HAVES, NINOTCHKA Street Address (P.O. Box Number is Not Acceptable) 5 SOUTH PINE ISLAND RD., #101 PLANTATION FL 33324 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing .-\$5.00 May Be Tax filling requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change - T- D D TITLE ☐ Addition Delete TITLE NAVES, CAMILO SLAND Rd, #101 NAME NAME NAVES, CAMILO STREET ADDRESS 5 SOUTH PINE ISLAND RD., #101 STREET ADDRESS PIANTATION, FI 33324 CITY-ST-7IP CITY-ST-ZIP PLANTATION FL 33324 ☐ Addition ☐ Delete TITLE SOUTH PINE FSIANDRY, #101 NAVES, NINOTCHKA NAME STREET ADDRESS STREET ADDRESS 5 SOUTH PINE ISLAND RD., #101 PLANTATION, FI 33324 CITY-ST-ZIP PLANTATION FL 33324 CITY-ST-ZIP Delete Milton RosentHAL Drive NAME NAME STREET ADDRESS STREET ADDRESS Roswell, Georgia 300 76 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITL F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE ☐ Change ☐ Addition NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

NinotcHkA NAVes

CR2E034 (10/00)