

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90147 016 \*\*\*150.00

**DOCUMENT #** P00000101138

**1. Entity Name**

**TOP PROPERTIES REAL ESTATE GROUP, INC.**

**Principal Place of Business**

**5 SOUTH PINE ISLAND RD., #101  
PLANTATION FL 33324**

**Mailing Address**

**5 SOUTH PINE ISLAND RD., #101  
PLANTATION FL 33324**

**2. Principal Place of Business**

**1341 NW 87 LANE**  
Suite, Apt. #, etc.

**3. Mailing Address**

**1341 NW 87 LANE**  
Suite, Apt. #, etc.

**City & State**  
**PLANTATION, FLORIDA**

**Zip** 33322 **Country** BROWARD

**City & State**  
**PLANTATION, FLORIDA**

**Zip** 33322 **Country** BROWARD

**4. FEI Number**

65-1052126

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**HAVES, NINOTCHKA**  
**5 SOUTH PINE ISLAND RD., #101**  
**PLANTATION FL 33324**

**7. Name and Address of New Registered Agent**

**Name** NAVES, NINOTCHKA

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

1341 NW 87 LANE

**City** PLANTATION

**FL**

**Zip Code** 33322

**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** NINOTCHKA NAVES

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

(NOTE: Registered Agent signature required when reinstating)

**DATE**

4/13/02

**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, 2002 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** STD ☐ Delete  
**NAME** NAVES, CAMILO  
**STREET ADDRESS** 5 SOUTH PINE ISLAND RD., #101  
**CITY-ST-ZIP** PLANTATION FL 33324

**TITLE** PD ☐ Delete  
**NAME** NAVES, NINOTCHKA  
**STREET ADDRESS** 5 SOUTH PINE ISLAND RD., #101  
**CITY-ST-ZIP** PLANTATION FL 33324

**TITLE** VD ☐ Delete  
**NAME** ROSENTHAL, MILTON  
**STREET ADDRESS** 10060 FAIRWAY VILLAGE DRIVE  
**CITY-ST-ZIP** ROSWELL GA 30076

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** STD ☒ Change ☐ Addition  
**NAME** NAVES, CAMILO  
**STREET ADDRESS** 1341 NW 87 LANE  
**CITY-ST-ZIP** PLANTATION, FL 33322

**TITLE** PD ☒ Change ☐ Addition  
**NAME** NAVES, NINOTCHKA  
**STREET ADDRESS** 1341 NW 87 LANE  
**CITY-ST-ZIP** PLANTATION, FL 33322

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NINOTCHKA NAVES

**Date**

**Daytime Phone #**

4/13/02 (954) 474-4855

CR2E034 (9/01)