

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

0239438 AV

04-14-2003 90740 015 ***150.00

DOCUMENT # P01000031412

1. Entity Name
TOP ONE ENTERTAINMENT GROUP, INC.



Principal Place of Business
**2401 COLLINS AVE.
APT. 705
MIAMI BEACH FL 33140**

Mailing Address
**1521 ALTON RD.
#439
MIAMI BEACH FL 33139**



2. Principal Place of Business
9281 BYRON AVE
Suite, Apt. #, etc.

3. Mailing Address
9281 BYRON AVE
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
SUNFside, FL.
Zip
33154
Country
USA

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SUNFside, FL.
Zip
33154
Country
USA

4. FEI Number
65-1086406

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**AMERICAN INFORMATION SERVICES, INC.
ONE SOUTHEAST THIRD AVENUE
28TH FLOOR
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name
CFRA, LLC
Street Address (P.O. Box Number is Not Acceptable)
ONE HARBOUR PLACE, 5th FLOOR
777 S. HARBOUR ISLAND BOULEVARD
City
TAMPA FL Zip Code
33602-5730

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. I am familiar with, and accept the obligations of registered agent **CFRA, LLC**, a Florida limited liability company

SIGNATURE by: **Miguel A. Maspons, Authorized Representative** 2/25/03
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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DEL RIO, BEATRIZ
1521 ALTON RD #439
MIAMI FL 33139 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Del Rio, Beatriz
9281 BYRON AVE
SUNFside, FL. 33154 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ALICEA, LOREYNE
1521 ALTON RD #439
MIAMI BEACH FL 33139 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice-President
Alicia, Loreyne
9281 BYRON AVE
SUNFside, FL. 33154 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Delete

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

12. 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 10 or Block 11 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

2/25/03 **305-861-3545**
Date Daytime Phone #

CR2E034 (10/02)