

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90435 015 \*\*\*150.00

**DOCUMENT #** P01000042636

**1. Entity Name**  
TIP TOP TRADING CORP.

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**  
MIAMI, FL.

**3. Mailing Address**  
910 NW 128CT.

Suite, Apt. #, etc.  
910 NW 128 COURT

Suite, Apt. #, etc.

City & State  
MIAMI, FL.

City & State  
MIAMI, FL.

Zip  
33182

Country  
DADE

Zip  
33182

Country  
DADE

**4. FEI Number**  
65-1099644

Applied For  
Not Applicable

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

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

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

Name  
JAVIER GOMEZ

Street Address (P.O. Box Number is Not Acceptable)  
910 NW 128 COURT

City MIAMI FL Zip Code 33182

**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, applicable.

(NOTE: Registered Agent signature required when reinstating)

04/29/02

DATE

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** (See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
PRESIDENT  
TERESITA GOMEZ  
910 NW 128 COURT  
MIAMI, FL. 33182

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

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
VICEPRESIDENT  
JAVIER GOMEZ  
910 NW 128 COURT  
MIAMI, FL. 33182

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

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**CITY-ST-ZIP**

**DO NOT WRITE  
IN THIS SPACE**

CR2E034B (12/01)

**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 on an attachment with an address, with another like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TERESITA GOMEZ, PRES.

04/29/02

Date

305-485-3973

Daytime Phone #