06-26-2002 90072 039 ***550.00

P01000045450 DOCUMENT # -

1. Entity Name

TOPS GLOBAL SERVICES, INC.

Principal Place of Business 1112 CAMELLIA CIRCLE

WESTON FL 33326

Mailing Address

1112 CAMELLIA CIRCLE WESTON FL 33326

2. Principal Place of Jusiness lagellan Circle



| Suite, Apt. #, etc. #131 | | Suite, Apt. #, etc. #131 | | | DO NOT WRITE IN THIS SPACE | | | |
|--|--|--|------------------|--------------|---|--------------|--|-------------------|
| GN & State | UTURA, FL | AVENTURA | , Fi | 4 . F | 65-1105775 | | Applier Not Ap | d For plicable |
| Zip ろろ | 180 Country SA | 33180 | Country | 5. (| Certificate of Status Desired | | \$8.75 Addition Fee Required | nal |
| | | 7. Name and Address of New Registered Agent | | | | | | |
| TORRES, | BEATRIZ E. ROJAS | | | | | | | |
| • | IELLIA CIRCLE | | Street Addres | P.OLB | (P.O. Bor Number is Not Acceptable) RCLE #131 | | | |
| | 9388 17/11/2 EUTIN CINCLE 41131 | | | | | | | |
| WESTON* | FL 33326 | | | | | | | |
| | .6 | | CityAVE | NTU | RA | FL | Zip-Cods k | 80 |
| 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 printer name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE DATE | | | | | | | | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DAILY | | | | | | | | |
| Tax filing r | oration is eligible to satisfy its Intangible requirement and elects to do so. ia on back) | FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta | | | I THIS FUNG CONTIDUIDM L. AGGED TO FEES 1 | | | |
| 11. | OFFICERS AND D | IRECTORS | 12. | AD | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
| TITLE | DIVP 5 | □ Delete | TITLE | | | | Change | Addition |
| NAME | TORRES, LUIS , JR | | NAME | | | | | |
| STREET ADDRESS | 1112 CAMELLIA CIRCLE | | STREET ADDRESS | | | | | Ì |
| CITY-ST-ZIP | WESTON FL 33326 | | CITY-ST-ZIP | | | | | } |
| TITLE | | ☐ Delete | TITLE 7 | 77 | | - | ☐ Change | Addition |
| NAME | | | NAME R | AZG | J, BEATRIZ MAGELLAN C | Ę, | | |
| STREET ADDRESS | | | STREET ADDRESS 3 | 558 | MAGELLAN C | ircu | E #13 |) |
| CITY-ST-ZIP | | | CITY-ST-ZIP | VEN | TURA, FL 3 | <u>33) (</u> | 70 | |
| TITLE | and the second s | ☐ Delete | TITLE + | | · · · · · · · · · · · · · · · · · · · | | Change = | Addition |
| NAME | | | NAME | | | | | |
| STREET ADDRESS | | | STREET ADDRÉSS | | | | | |
| CITY_ST.7IP | | | CITY-ST-ZIP | | | | | |

13. I hereby certify that the information supplied with this filling 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.

TITLE

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

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