


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90476 008 ***150.00

DOCUMENT # P01000056417	
1. Entity Name PATAGONIA TOP CORPORATION	

Principal Place of Business 12555 ORANGE DRIVE 252 FORT LAUDERDALE FL 33330	Mailing Address 12555 ORANGE DRIVE 252 FORT LAUDERDALE FL 33330
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2. Principal Place of Business 12565 Orange Drive Suite, Apt. #, etc. 403 City & State Davie, Fl. Zip 33330 Country USA	3. Mailing Address 12565 Orange Drive Suite, Apt. #, etc. 403 City & State Davie, Fl. Zip 33330 Country USA
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☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1116860	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GENOUD, MARTIN 16660 SOUTH POST RD. #103 WESTON FL 33331	7. Name and Address of New Registered Agent Name Genoud, Martin Street Address (P.O. Box Number is Not Acceptable) 4374 Pine Ridge Ct. City Weston FL Zip Code 33331
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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.

SIGNATURE _____
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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																
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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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)