

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

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90113 016 \*\*\*150.00

DOCUMENT # 701000081553

1. Entity Name

TOP U.S. PROPERTIES INC.

**DO NOT WRITE IN THIS SPACE**

050186

2. Principal Place of Business

2000 N. Florida Mango

3. Mailing Address

same

Suite, Apt. #, etc.

203

Suite, Apt. #, etc.

City & State

West Palm Beach

City & State

Zip

FL 33409

Country

Palm Beach

Zip

Country

4. FEI Number

04-3626275

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

Mark Habib

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

104 Hampton Cir

City

Jupiter

FL

Zip Code

33458

**DO NOT WRITE  
IN THIS SPACE**

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

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  
Mark Habib  
104 Hampton Cir  
Jupiter, FL 33458

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Vice President  
Goran Brown Radonjic  
Palm Beach Gardens, FL 334

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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NAME

STREET ADDRESS

CITY-ST-ZIP

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/02

Date

561-6975222

Daytime Phone #

CR2E034B (12/01)