1. Entity Name 04-22-2002 S TOP V.S. PKOPEKTIES ING 03 3 1 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 2000 N. Florida floring o 3. Mailing Address Suite, Apt. #. etc. DO NOT WRITE IN Gill Apt. #. etc. DO NOT WRITE IN Suite, Apt. #. etc. DO NOT WRITE Jeff Aalm Beach Zip Country 5. Certificate of Status Desired Name Mark Habib Street Address of Current Registered Name Mark Habib Street Address of Current Registered office or registered agent, or both, in the State of Florida. Signature State of Changing its registered office or registered agent, or both, in the State of Florida.	2002 8:00 am ry of State
TOP U.S. PROPERTIES INK 0331 DO NOT WRITE IN THIS SPACE 0331 2. Principal Place of Business 2000 N. Florida Hongo 3. Mailing Address Same Clip & State 1. Mailing Address Clip & State Suite, Apr. #, etc. Clip & State A. FEI Number OUCST Clip & State A. FEI Number OULST Clip & State A. FEI Number OULST DO NOT WRITE IN THIS SPACE Zip DO NOT WRITE IN THIS SPACE Name Address of Current Regist Out Address of Current Regist Do Not kernet is Not Acceptable Street Address (P. Box Number is Not Acceptable) Name Address of Current Regist Out Address of Current Regist Do NOT WRITE Street Address (P. Box Number is Not Acceptable) Street Address (P. Box Number is Not Acceptable) City Jup //Lr Street Address (P. Box Number is Not Acceptable) City Jup //Lr Street Address (P. Box Number is Not Acceptable) Signature update private range of registered agent, or both, in the State of Florida. Signature update private range of registered agent and registered agent, or both, in the State of Florida. Signature update private range of registered agent, or both, in the State of Florida. Signature update private range of registered agent, or both, in the State of Correlagence Inter above named entity	20113 016 ***150.00
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FL 33409 Palm Brach 5. Certificate of Status Desired Image: Street Address (P. p. Box Numiter is Not Acceptable) 7. Name and Address of Current Regis Image: Street Address (P. p. Box Numiter is Not Acceptable) Street Address (P. p. Box Numiter is Not Acceptable) Image: Street Address (P. p. Box Numiter is Not Acceptable) Image: Street Address (P. p. Box Numiter is Not Acceptable) Image: Street Address (P. p. Box Numiter is Not Acceptable) Image: Street Address (P. p. Box Numiter is Not Acceptable) Image: Street Address (P. p. Box Numiter is Not Acceptable) Image: Street Address (P. p. Box Numiter is Not Acceptable) Image: Street Address (P. p. Box Numiter is Not Acceptable) Image: Street Address (P. p. Box Numiter is Not Acceptable) Image: Street Address (P. p. Box Numiter is Not Acceptable) Image: Street Address (P. p. Box Numiter is Not Acceptable) Image: Street Address (P. p. Box Numiter is Not Acceptable) Image: Street Address (P. p. Box Numiter is Not Acceptable) Street Address (P. p. Box Numiter is Not Acceptable) Image: Street Address (P. p. Box Numiter is Not Acceptable) Street Address (P. p. Box Numiter is Not Acceptable) Image: Street Address (P. p. Box Numiter is Not Acceptable) Street Address (P. p. Box Numiter is Not Acceptable) Image: Street Address (P. p. Box Numiter is Not Acceptable) Image: Street Address is Street Address (P. p. Box Numiter is Not Acceptable) <	Applied For Not Applicable
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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. Signature, typed or printed neme of registered agent and title If applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) January 1 - May 1 Fee is \$550.00 10. Election Campaign Financing Trust Fund Contribution. 11. OFFICERS AND DIRECTORS Wake Greeck Payable to Department of State. 11. NAME TITLE President Vice President NAME Hork. Habib Goran Brown Radonji C STREET ADDRESS Log Hamadon Gr STREET ADDRESS	FL Zip Code 33458
Signature, typed or printed name of registered agent and title II applicable. (NOTE: Registered Agent signature required when reinstating) D 9. This corporation is eligible to satisfy its Intangible Tax filling 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 After May 1 Fee	FL . 22430
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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 indicated on this report or supplemental report if true indicated and that my signature shall have the same legal effect as if made under oath; the of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name ap attachment with an address, with all other like empowered.	
SIGNATURE:	61-6975222 Daytime Phone #

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