

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90045 020 ***150.00

DOCUMENT # P01000082884

1. Entity Name
TOP ACTIVITIES, INC.

Principal Place of Business

**8274 N.W. 70TH ST.
 MIAMI FL 33166**

Mailing Address

**8274 N.W. 70TH ST.
 MIAMI FL 33166**

2. Principal Place of Business

10540 NW 26 ST

Suite, Apt. #, etc.

SUITE 102 G

City & State

MIAMI, FL

Zip

FL 33172

Country

USA

3. Mailing Address

10540 NW 26 ST

Suite, Apt. #, etc.

SUITE 102 G

City & State

MIAMI, FL

Zip

33172

Country

USA

4. FEI Number

651133518

Applied For

☐ Not-Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**SNYDER, LESLIE I ESQ.
 28 WEST FLAGLER ST.
 11TH FLOOR
 MIAMI FL 33130**

7. Name and Address of New Registered Agent

Name

EDUARDO J. MENDEZ

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

8370 W. FLAGLER ST.

SUITE 234

City

MIAMI - FL

FL

Zip Code

33144-2040

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) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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 **PD** ☐ Delete
 NAME **HENNING, BELSAY**
 STREET ADDRESS **8274 NW 70 ST.**
 CITY-ST-ZIP **MIAMI FL 33166**

TITLE **SVTD** ☐ Delete
 NAME **MENDEZ, GUSTAVO**
 STREET ADDRESS **8274 NW 70 ST.**
 CITY-ST-ZIP **MIAMI FL 33166**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
 NAME **HENNING BELSAY**
 STREET ADDRESS **10540 NW 26 ST**
 CITY-ST-ZIP **MIAMI, FL 33172**

TITLE **SVTD** ☒ Change ☐ Addition
 NAME **MENDEZ GUSTAVO**
 STREET ADDRESS **10540 NW 26 ST**
 CITY-ST-ZIP **MIAMI, FL 33172**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, which is otherwise empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GUSTAVO A. MENDEZ

Date

02/20/2002

Daytime Phone #

305-629 9665
305-629 9645
FAX

CR2E034 (9/01)