

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90264 005 ***150.00

0289848 AV

DOCUMENT # P01000082884

1. Entity Name
TOP ACTIVITIES, INC.



Principal Place of Business
**10540 NW 26 STREET
SUITE 102G
MIAMI FL 33172**

Mailing Address
**10540 NW 26 STREET
SUITE 102G
MIAMI FL 33172**

2. Principal Place of Business
3521 SW 154 CT

3. Mailing Address
3521 SW 154 CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI

City & State
MIAMI

Zip
FL 33185

Country
USA

Zip
FL 33185

Country
USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
65-1133518

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MENDEZ, EDUARDO J
8370 WEST FLAGLER STREET
SUITE 234
MIAMI FL 33144-2040**

Name

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

City

FL

Zip Code

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. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Delete

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

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, 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

04/28/03

Date

Daytime Phone #

CR2E034 (10/02)

**305-931-9506
305-220-0284
305-553-8657**