

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

DOCUMENT # P01000104PCY

1. Entity Name

TOPS & COLOR SALES INC

**FILED**  
**Jun 16, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90351 042 \*\*\*150.00

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

12455 KEYSTONE ISLAND DR

3. Mailing Address

12455 KEYSTONE ISLAND DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

N. MIAMI FL

City & State

N. MIAMI FL

Zip

33181

Country

Zip

33181

Country

4. FEI Number

65-8941726

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

JACQUELINE TAKO

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

12455 KEYSTONE ISLAND DR

City

N. MIAMI

FL

Zip Code

33181

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

TAKO, JACQUELINE  
12455 KEYSTONE ISLAND DR  
N. MIAMI, FL 33181

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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STREET ADDRESS

CITY - ST - ZIP

**DO NOT WRITE  
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

Date

Daytime Phone

CR2E034B (12/01)