FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State
04-24-2003 90279 048 ***150.00

DOCUMENT # P-02000089917

1. Entity Name
Top Dog Motors, INC

DO NOT WRITE IN THIS SPACE

11013953

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
1700 NW 79 St		1700 NW 79 St	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Miami, Florida		City & State: Miami, Florida	
Zip: 33147	Country: USA	Zip: 33147	Country: USA

4. FEI Number: 54-2072003 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. **Name and Address of Current Registered Agent**
Name: Daniel alcala
Street Address (P.O. Box Number is Not Acceptable): 1700 NW 79 St
City: Miami FL Zip Code: 33147

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] Daniel Alcala · President 04/4/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	President ·
NAME	Daniel Alcala'
STREET ADDRESS	1700 NW 79 St
CITY-ST-ZIP	Miami, Fl. 33147
TITLE	VICE-President
NAME	Eloy D. Gonzalez.
STREET ADDRESS	1700 NW 79 St
CITY-ST-ZIP	MIAMI, FL, 33147
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Daniel alcala' · President 04/4/03 305 694 0333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #