

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90719 043 \*\*\*158.75

**DOCUMENT # P02000094182**

1. Entity Name  
**TOP-HUNT, INC.**



Principal Place of Business  
~~3440 HOLLYWOOD BLVD STE 360~~  
~~HOLLYWOOD FL 33021~~

Mailing Address  
~~3440 HOLLYWOOD BLVD STE 360~~  
~~HOLLYWOOD FL 33021~~

2. Principal Place of Business  
**2631 REGALIA WAY**  
Suite, Apt. #, etc.

3. Mailing Address  
**2631 REGALIA WAY**  
Suite, Apt. #, etc.

City & State  
**COOPER CITY, FL.**

City & State  
**COOPER CITY, FL.**

4. FEI Number  
**38-3659179**

Applied For  
Not Applicable

Zip  
**33026**

Country  
**USA**

Zip  
**33026**

Country  
**USA**

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

**6. Name and Address of Current Registered Agent**

**ROTH, LEONARD A**  
~~3440 HOLLYWOOD BLVD STE 360~~  
~~HOLLYWOOD FL 33021~~

**7. Name and Address of New Registered Agent**

Name **MIKAELIAN, JUAN**  
Street Address (P.O. Box Number is Not Acceptable)  
**2631 REGALIA WAY**  
City **COOPER CITY** **FL** Zip Code **33026**

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  DATE **03-14-03**

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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD MIKAELIAN, JUAN 3440 HOLLYWOOD BLVD STE 360 HOLLYWOOD FL 33021</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD MIKAELIAN, JUAN 2631 REGALIA WAY COOPER CITY, FL. 33026</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 if 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

DATE **03-14-03** DAYTIME PHONE # **(954) 435-3787**

DATE DAYTIME PHONE #

0161042 AV

CR2E034 (10/02)