

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90219 008 ***150.00

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DOCUMENT # P02000094578

1. Entity Name
TOP DOLLAR ENTERPRISE, INC.



Principal Place of Business
**5891 S. MILITARY TRAIL
SUITE 11-A
LAKE WORTH FL 33461**

Mailing Address
**7802 KINGSPONTE PARKWAY
SUITE #205
ORLANDO FL 32819
US**



2. Principal Place of Business

3. Mailing Address

7802 Kingspointe Pkwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite # 207-B

City & State

City & State

Orlando, FL

Zip

Country

Zip

Country

32819

USA

4. FEI Number

73-1657732

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

**PEROTTI, CAROLINA
7802 KINGSPONTE PARKWAY
SUITE #205
ORLANDO FL 32819**

Name

S.A.O. Services, Inc.

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

7802 Kingspointe Pkwy

Suite # 207-B

City

Orlando

FL

Zip Code

32819

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)

04/07/03

DATE

3. **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 **P** ☐ Delete
NAME **AZIZ, SOFANY**
STREET ADDRESS **8002 80TH WAY**
CITY-ST-ZIP **WEST PALM BEACH FL 33407**

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

TITLE **VP** ☒ Delete
NAME **AZIZ, ALKAM**
STREET ADDRESS **8002 80TH WAY**
CITY-ST-ZIP **WEST PALM BEACH FL 33407**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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

Daytime Phone #

4/10/07

CR2E034 (10/02)