

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90845 011 ***150.00

DOCUMENT # P02000103423

1. Entity Name
BOTTOMS AND TOPS, INC.



Principal Place of Business
417 NW 21 STREET
WILTON MANORS FL 33311
US

Mailing Address
417 NW 21 STREET
WILTON MANORS FL 33311
US

2. Principal Place of Business
2244 Wilton Drive
Suite, Apt. #, etc.

3. Mailing Address
2244 Wilton Drive
Suite, Apt. #, etc.

City & State
Wilton Manors, FL
Zip **33305** **Country** **US**

City & State
Wilton Manors, FL
Zip **33305** **Country** **US**

4. FEI Number
36-450-8107

Applied For
Not Applicable

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

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

MANUEL DINER, P.A.
141 NE 3RD AVENUE #601
MIAMI FL 33132

7. Name and Address of New Registered Agent

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ **Delete**
NAME **ANTHONY, JOHN W JR.**
STREET ADDRESS **417 NW 21 STREET**
CITY-ST-ZIP **WILTON MANORS FL 33311**

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

TITLE **D** ☐ **Delete**
NAME **DINER, DARIN M**
STREET ADDRESS **417 NW 21 STREET**
CITY-ST-ZIP **WILTON MANORS FL 33311**

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

TITLE ☐ **Delete**
NAME
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CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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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 Darin Diner 2/22/03 (305)283-2637
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0320001 217

CR2E034 (10/02)