

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000066217

1. Entity Name

TOP PROMOTIONS, INC.

FILED

Jun 07, 2000 8:00 am
Secretary of State

06-07-2000 90004 002 ***150.00

Principal Place of Business

Mailing Address

351 Minorca Ave
Ste. A
Coral Gables FL 33134

1825 Ponce de Leon Blvd.
#339
Coral Gables FL 33133

2. Principal Place of Business

351 Minorca Ave

3. Mailing Address

1825 Ponce de Leon Blvd

Suite, Apt. #, etc.

Ste. A

Suite, Apt. # etc.

339

City & State

Coral Gables FL

City & State

Coral Gables FL

4. FEI Number

05-0527984

Applied For

Not Applicable

Zip

33134

Country

U.S.A.

Zip

33133

Country

U.S.A.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

853449

6. Name and Address of Current Registered Agent

FERNANDEZ-CARRION, ALICIA
351 Minorca Ave. Ste. A
Coral Gables FL 33134

7. Name and Address of New Registered Agent

Name Fernandez-Carrion, Alicia

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

351 Minorca Avenue

Suite A

City

Coral Gables

FL

Zip Code

33134

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

Alicia Carrion
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

April 28, 2000

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☒

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

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 PRESIDENT
NAME FERNANDEZ-CARRION, ALICIA
STREET ADDRESS 351 MINORCA AVE STE A
CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT
NAME FERNANDEZ-CARRION, ALICIA ☒ Change ☐ Addition
STREET ADDRESS 1825 PONCE DE LEON BLVD #339
CITY-ST-ZIP CORAL GABLES FL 33133

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

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

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

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

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Alicia Carrion
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 28, 2000
Date Daytime Phone #

CR2E034 (9/99)