

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000066217

1. Entity Name
TOP PROMOTIONS, INC.FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90714 024 ***150.00

Principal Place of Business
351 MINORCA AVE
STE A
CORAL GABLES FL 33134-4308
USMailing Address
1825 PONCE DE LEON BLVD
339
MIAMI FL 331332. Principal Place of Business
9380 S.W. 35 Street

Suite, Apt. #, etc.

3. Mailing Address
9380 S.W. 35 St

Suite, Apt. #, etc.

City & State
Miami FLCity & State
Miami FL

Zip 33135

Country Dade

Zip 33165

Country Dade

4. FEI Number
65-0527984Applied For
Not Applicable5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FERNANDEZ-CARRION, ALICIA
351 MINORCA AVE
STE A
CORAL GABLES FL 33134Name
Alicia Fernandez - Carrion

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

9380 S.W. 35 Street

City

Miami

FL Zip Code 33135

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

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME P
NAME FERNANDEZ-CARRION, ALICIA
STREET ADDRESS 1825 PONCE DE LEON BLVD, SUITE 339
CITY-ST-ZIP MIAMI FL 33133 Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME P
NAME FERNANDEZ-CARRION, ALICIA
STREET ADDRESS 9380 S.W. 35 Street
CITY-ST-ZIP Miami, FL 33135 Change AdditionTITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP DeleteTITLE NAME P
NAME FERNANDEZ-CARRION, ALICIA
STREET ADDRESS 9380 S.W. 35 Street
CITY-ST-ZIP Miami, FL 33135 Change AdditionTITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP DeleteTITLE NAME P
NAME FERNANDEZ-CARRION, ALICIA
STREET ADDRESS 9380 S.W. 35 Street
CITY-ST-ZIP Miami, FL 33135 Change AdditionTITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP DeleteTITLE NAME P
NAME FERNANDEZ-CARRION, ALICIA
STREET ADDRESS 9380 S.W. 35 Street
CITY-ST-ZIP Miami, FL 33135 Change AdditionTITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP DeleteTITLE NAME P
NAME FERNANDEZ-CARRION, ALICIA
STREET ADDRESS 9380 S.W. 35 Street
CITY-ST-ZIP Miami, FL 33135 Change AdditionTITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP DeleteTITLE NAME P
NAME FERNANDEZ-CARRION, ALICIA
STREET ADDRESS 9380 S.W. 35 Street
CITY-ST-ZIP Miami, FL 33135 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* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2020-03-04
AV

CR2E034 (9/01)