

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000084550

1. Entity Name

TOPP INVESTMENTS, INC.

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90042 016 \*\*\*150.00

Principal Place of Business Mailing Address  
% 8280 NW 27TH STREET, SUITE 506 % 8280 NW 27TH STREET, SUITE 506  
MIAMI FL 33122 MIAMI FL 33122

2. Principal Place of Business 3. Mailing Address  
3055 NW 84th Ave 3055 NW 84th Ave  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
Miami - Florida Miami - Florida  
Zip Country Zip Country  
33122 USA 33122 USA

4. FEI Number 65-0534784 Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
ODALYS, KUCK  
8280 N.W. 2ND STREET, SUITE 506  
MIAMI FL 33122

7. Name and Address of New Registered Agent  
Name Odalys Kuck  
Street Address (P.O. Box Number is Not Acceptable)  
3055 NW 84th Ave  
City Miami FL Zip Code 33122

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

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

(NOTE: Registered Agent signature required when reinstating)

4/6/00  
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, 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	PD	<input type="checkbox"/> Delete
NAME	TOPP, DAVID	
STREET ADDRESS	3050 BISCAYNE BLVD.	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	TOPP, DORA	
STREET ADDRESS	3050 BISCAYNE BLVD.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	TOPP, RISIA	
STREET ADDRESS	3050 BISCAYNE BLVD.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TOPP, MARK	
STREET ADDRESS	3050 BISCAYNE BLVD.	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	KUCK, ODALYS	
STREET ADDRESS	9450 S.W. 64TH TERR.	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Odalys Kuck 3/20/00 305-477-1414

CR2E034 (9/99)