

DOCUMENT # P97000047775

1. Entity Name
TOPAZ ENTERPRISE, INC.

FILED
Jan 09, 2001 8:00 am
Secretary of State

01-09-2001 90033 005 ***150.00

Principal Place of Business
8145 W. WATERS AVE.
TAMPA FL 33615

Mailing Address
8145 W. WATERS AVE.
TAMPA FL 33615

2. Principal Place of Business
8196 WOODLAND CENTER
Suite, Apt. #, etc. BLD.

3. Mailing Address
8196 WOODLAND CENTER
Suite, Apt. #, etc. BLD



DO NOT WRITE IN THIS SPACE

City & State TAMPA FL
Zip 33614 Country Hillsborough
4. FEI Number 59-3448943
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LEE, KIMIN
12656 CASTLE HILL DR.
TAMPA FL 33615
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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS LEE, KIMIN 12656 CASTLE HILL DR. TAMPA FL 33615 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 addressee, with all other like empowered.

SIGNATURE: _____ Date 01/05/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #