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**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P98000008311**

1. Entity Name

Etop, Inc.



FILED

03 OCT -3 PM 12:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2152 Johnson Street

Suite, Apt. #, etc.

3. Mailing Address

7920 Kismet Street

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Hollywood FL

City & State

Miramar FL

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip
33020

Country
USA

Zip
33023

Country
USA

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

7. Name and Address of Current Registered Agent

Name **Frederick Maskell**

Street Address (P.O. Box Number is Not Acceptable)
7920 Kismet Street

City **Miramar**

FL

Zip Code
33023

**DO NOT WRITE
IN THIS SPACE**

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9-30-03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
Frederick Maskell
7920 Kismet Street
Miramar FL 33023**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**500023550845
10/03/03--01084--008 **150.00**

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-30-03

Date

Daytime Phone #

CR2E034B (12/02)

2012

BERGMAN, SPIEWAK, GOTTESMAN & CO., PA

CERTIFIED PUBLIC ACCOUNTANTS

CERTIFIED VALUATION ANALYSTS

AMTRUST BANK PLAZA

8211 West Broward Boulevard, Suite 440

Plantation, Florida 33324

Garry S. Bergman, CPA, CVA
Marc A. Spiewak, CPA, CVA
Allan Gottesman, CA, CPA, CVA

Phone: (954) 321-9991
Fax: (954) 321-9994
bscpacpa.com

September 5, 2003

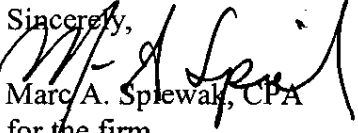
Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Etop, Inc.

Dear Sirs;

Please abate the late filing penalty for this corporation. The original form was never received and was just now brought to our attention that it is late.

Sincerely,


Marc A. Spiewak, CPA
for the firm

MEMBERS OF:
AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS
CANADIAN INSTITUTE OF CHARTERED ACCOUNTANTS
FLORIDA INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS
CONNECTICUT SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS
NATIONAL ASSOCIATION OF CERTIFIED VALUATION ANALYSTS