

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000016359

1. Entity Name

AMERICAN TOP PRODUCTS, INC.

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90156 025 \*\*\*150.00

Principal Place of Business

1801 CORAL WAY  
STE 101  
MIAMI FL 33145  
US

Mailing Address

1801 CORAL WAY  
STE 101  
MIAMI FL 33145-2784  
US

2. Principal Place of Business

740 MYRTLEWOOD LANE  
Suite, Apt. #, etc.

3. Mailing Address

260 Crandon Blvd.  
Suite, Apt. #, etc.  
32-378



DO NOT WRITE IN THIS SPACE

City & State

Key Biscayne, FL.

City & State

Key Biscayne FL.

4. FEI Number

65-0812577

Applied For

Not Applicable

Zip

33149

Country

DADE

Zip

33149

Country

DADE

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DAHDAH, LOULOU B  
740 MYRTLEWOOD LANE  
KEY BISCAYNE FL 33149

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

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, 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  
NAME DADDAH, LOULOU  
STREET ADDRESS 740 MYRTLEWOOD LANE  
CITY-ST-ZIP KEY BISCAYNE FL 33149 ☐ Delete

TITLE VD  
NAME DAHDAH, BRIGITTE  
STREET ADDRESS 740 MYRTLEWOOD LANE  
CITY-ST-ZIP KEY BISCAYNE FL 33149 ☐ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-2000 305-854-2111

Date

Daytime Phone #

CR2E034 (9/99)