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2001 UNIFORM BUSINESS REPORT (UBR)

Aug 31, 2001 8:00 am Secretary of State P98000065616 DOCUMENT # 1. Entity Name TOPA, INC. 08-31-2001 90115 015 ***550.00 Principal Place of Business Mailing Address 1581 BRICKELL AVENUE SUITE 1202 1581 BRICKELL AVENUE SUITE 1202 MIAMI FL 33129 MIAM) FL 33129 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 58-2466521 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HARRINGTON, CARLOS Street Address (P.O. Box Number is Not Acceptable) 1581 BRICKELL AVE STE 1202 **MIAMI FL 33138** City 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, 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 FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE (5/0.1)☐ Delete TITLE ☐ Change ☐ Addition BRAND, JEAN CLAUDE NAME NAME 1581 BRICKELL AVENUE SUITE 1202 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33129 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME ESCUDERO, SONIA M NAME 1581 BRICKELL AVENUE SUITE 1202 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33129 CITY-ST-ZIP TITLE Addition ☐ Delete TITLE ☐ Change NAME 2 LOS HORRINGTON 1 BOUGHER DELE ALLE, STE. 1202 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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 employeered to execute this report as required by Chapter 607, Elorida 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 empowers.