

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90139 004 ***150.00

DOCUMENT # P98000065616

1. Entity Name
TOPA, INC.



Principal Place of Business
**1581 BRICKELL AVENUE SUITE 1202
MIAMI FL 33129**

Mailing Address
**1581 BRICKELL AVENUE SUITE 1202
MIAMI FL 33129**

2. Principal Place of Business

3. Mailing Address

PO BOX 310698

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
MIAMI FL

Zip

Country

Zip
33231-0698

Country

4. FEI Number

58-2466521

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**HARRINGTON, CARLOS
1581 BRICKELL AVE
STE 1202
MIAMI FL 33138**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPT	<input type="checkbox"/> Delete
NAME	BRAND, JEAN CLAUDE	
STREET ADDRESS	1581 BRICKELL AVENUE SUITE 1202	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	ESCUDEIRO, SONIA M	
STREET ADDRESS	1581 BRICKELL AVENUE SUITE 1202	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE	DUP	<input type="checkbox"/> Delete
NAME	MARIA GRACIELA DE GUZMAN DE	
STREET ADDRESS	1581 BRICKELL AVE, #1202	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE	DS	<input type="checkbox"/> Delete
NAME	HECTOR A GANERA	
STREET ADDRESS	1581 BRICKELL AVE, #1202	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

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 Block 11 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

PRESIDENT 3/10/03

Date

Daytime Phone #

CR2E034 (10/02)