

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000092045

1. Entity Name

T.O.P. THERMO GRAPH INC.

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90102 009 ***150.00

Principal Place of Business

Mailing Address

3996 N.W. 9TH AVE
FT LAUDERDALE FL 33309

3996 N.W. 9TH AVE
FT LAUDERDALE FL 33309-5051

2. Principal Place of Business

101 NW 15TH PLACE

3. Mailing Address

101 NW 15TH PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

POMPINO BEACH, FL

City & State

POMPINO BEACH FL

Zip

33060

Country

Zip

33060

Country

4. FEI Number

65-0875762

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AMANZIO, SALVATORE C
3996 N.W. 9TH AVE
FT LAUDERDALE FL 33309

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

03/30/00

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 AMANZIO, SALVATORE C
STREET ADDRESS 3996 N.W. 9TH AVE
CITY-ST-ZIP FT LAUDERDALE FL 33309

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change

☐ Addition

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/30/00

Date

951-788-3900

Daytime Phone *

CR2E034 (9/99)