## 2001 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Apr 26, 2001 8:00 am Secretary of State DOCUMENT # P98000106742 1. Entity Name THE BRISTOL ASSOCIATES, INC. 4-26-2001 90034 029 \*\*\*150.00 Principal Place of Business Mailing Address PO BOX 680716 19460 NE 26 AVE., #13 N. MIAMI BEACH FL 33180 MIAMUFL 33163-0716 2. Principal Place of Business 3. Mailing Address SAME AS AlbeRE SAME AS Above Suite, Apt. #. etc Suite, Apt. #. etc DO NOT WRITE IN THIS SPACE SECALORE City & State City & State Applied For 4. EEI Number 65-0884183 Not Applicable Zip Country Ζp 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 Name TOPOUZIS. THEODORE A Street Address (P.O. Box Number is Not Acceptable) 19460 NE 26 AVE., #13 N. MIAMI BEACH FL 33180 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 Separature Typed or or mediname of registered agent and the if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filling requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 il.TE ☐ Delete TOTAL ☐ Change Addition TOPOUZIS, SASCHA NAME NAME STREET ADDRESS 19460 NE 26TH AVE UNIT 13 STREET ADDRESS CITY-ST-7iP CITY-ST-Z.P N MIAMI BEACH FL 33180 **VS** TITLE ☐ Delete TITLE Addition ☐ Change TOPOUZIS, CHRIS MAME NAME. STREET ADDRESS 19460 NE 26TH AVE UNIT 13 STREET ADDRESS CITY-ST-7iP CITY-ST ZIP N MIAMI BEACH FL 33180 TITLE 😾 Delete THE ☐ Channe ☐ Addition TOOUZIS, THEODORE NAME NAME STREET ADDRESS 19460 NE 26TH AVE UNIT 13 STREET ADDRESS CITY - ST - ZIP N MIAMI BEACH FL 33180 CITY-ST-ZIP TITLE Delete TITLE ☐ Channa Addition NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change [ ] Addition NAME NAME STREET ADDRESS STREET ADDRESS OITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Addition ☐ Change NAME NAME

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 eath; 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 oner like empowered.

STREET ADDRESS

C:TY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

GNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)