

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000058431

1. Entity Name

TOP SCORE INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90374 008 ***150.00

Principal Place of Business

Mailing Address

29243 SW 165TH AVE
HOMESTEAD FL 33033

29243 SW 165TH AVE
HOMESTEAD FL 33033-2131

2. Principal Place of Business

3. Mailing Address

29243 SW 165TH AVE

same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Homestead, FL

Zip 33033

Country USA

Zip

Country

4. FEI Number

65-0948841

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAGRATH, CECELIA
29243 SW 165TH AVE
HOMESTEAD FL 33033

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Vice President ☐ Delete
NAME Laura Bowers
STREET ADDRESS 15014 S.W. 168 TR
CITY-ST-ZIP MIAMI FL 33187

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

TITLE Secretary ☐ Delete
NAME Leigh Osborne
STREET ADDRESS 18245 SW 293 St
CITY-ST-ZIP Homestead, FL 33030

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

TITLE Treasurer ☐ Delete
NAME Suzanne Guy
STREET ADDRESS 15871 SW 284 St
CITY-ST-ZIP Homestead, FL 33033

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

TITLE President ☐ Delete
NAME Cecelia Magrath
STREET ADDRESS 29243 SW 165 AVE
CITY-ST-ZIP Homestead, FL 33033

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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 all other like empowered.

SIGNATURE:

Cecelia Magrath Cecelia Magrath 3/11/00 305-248-2153

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)