

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90002 044 ***150.00

DOCUMENT # M47030

1. Entity Name
BEST JANITORIAL & SUPPLIES, INC.

Principal Place of Business
3290 NW 29TH ST.
MIAMI FL 33142
US

Mailing Address
3290 NW 29TH ST.
MIAMI FL 33142
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2769491**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DIAZ, PEDRO M.
7933 WEST DR.
APT. 921
N. BAY VILLAGE FL 33141

Name

DIAZ, PEDRO M.

Street Address (P.O. Box Number is Not Acceptable)

3290 N.W. 29th ST.

City

MIAMI

FL

Zip Code

33142

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

Pedro M. Diaz

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	SPD DIAZ, PEDRO M. 7933 WEST DR., APT. 921 N BAY VILLAGE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GARCIGA, ANGEL 8005 N.W. 8TH ST. 402 MIAMI FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD DIAZ, MARIA L 731 NW 196TH AVENUE PEMBROKE PINES FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

Pedro M. Diaz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-02

Date

305-635-3550

Daytime Phone #

CR2E034 (9/01)