

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90188 002 ***158.75

DOCUMENT # P95000055179

1. Entity Name
BEST COUNT, CORP.



Principal Place of Business
220 MADEIRA AVE
10
CORAL GABLES FL 33134
US

Mailing Address
220 MADEIRA AVE
10
CORAL GABLES FL 33134
US



2. Principal Place of Business

3. Mailing Address

221 MAJORCA AVE #207

221 MAJORCA AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

207

207

City & State

City & State

CORAL GABLES FL

CORAL GABLES FL

Zip

Country

Zip

Country

33134

US

33134

US

4. FEI Number

65-0595833

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

7. Name and Address of New Registered Agent

MORE, FRANCISCO J
220 MADEIRA AVE #10
CORAL GABLES FL 33134

Name

MORE, FRANCISCO J.

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

221 MAJORCA AVE. #207

City

CORAL GABLES

FL

Zip Code

33134

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

03/31/03

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 **DP** ☐ Delete
NAME **MORE, FRANCISCO J**
STREET ADDRESS **220 MADEIRA AVE #10**
CITY-ST-ZIP **CORAL GABLES FL**

TITLE **DP** ☒ Change ☐ Addition
NAME **MORE, FRANCISCO J.**
STREET ADDRESS **221 MAJORCA AVE #207**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **DVST** ☐ Delete
NAME **MORE, ANA H**
STREET ADDRESS **220 MADEIRA AVE #10**
CITY-ST-ZIP **CORAL GABLES FL**

TITLE **DVST** ☒ Change ☐ Addition
NAME **MORE, ANA H.**
STREET ADDRESS **221 MAJORCA AVE #207**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03/31/03 305-448-5081

CR2E034 (10/02)