2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P95000055179

1. Entity Name

BEST COUNT, CORP.

SIGNATURE:



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

03-24-2003 90188 002 ***158.75

Principal Place		Mailing Address 220 MADEIRA AVE					
10		10			•	•	
CORAL GABLES FL 33134		CORAL GABLES FL 33134			i anniana iku litak bilki nalik Balik Ark) BOOK ON BUILDING BUILDING BUILDING	II II (OLE IOR)
US		US					
2. Principal Place of Business		3. Mailing Address			{ Et	i dalah aribi altat itali ta	BIN 1811 ISB1
221 MAJORCA AR#207		221 MAjoneA HVE					
Suite, Apt. #, etc.		Suite, Apt. #, etc. 20-7			CHECK HERE IF MAKING CHANGES Applied For		
City & State Coral Sables Fl.		City & State Corol Sable	F/		4. FEI Number 65-0595833	Not	Applicable
Zip <i>33/3</i>	/ Country	Zip 33/34	Country 2/-5		5. Certificate of Status Desired	\$8.75 Addi Fee Required	
	6. Name and Address of Current R				7. Name and Address of New Regis	tered Agent	
MADE ED	ANCISCO J	/ / ok			P.O. Box Number is Not Acceptable)		
•		Street Address (F			P.O. Box Number is Not Acceptable)		
	IRA AVE #10						
CORAL GA	ABLES FL 33134	221.			MAjorca Hue. #201		
			City		9 11	Zip Code	
CORAL GABLES FL 33134 221 Majorica Ave. #207 City Coral 9 ables 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.							
03/51/03							
SIGNATURE Signature, pried or branch of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
Segrizative, supera or profiled man bio individual adem and men approvation.							
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May in							May Be
After May 1, 2003 Fee will be \$550.00					Trust Fund Contribution.	Added	to Fees
Make Check	Payable to Florida Department of	State					
10. :	OFFICERS AND I	DIRECTORS	11.	· ·	ADDITIONS/CHANGES TO OFFICE		
TITLE	DP	□ Delete	TITLE	DP		💢 Change	☐ Addition
	MORE, FRANCISCO J		NAME	PRODE	e, Francisco J.	a . 7	
	220 MADEIRA AVE #10		STREET ADDRESS	221	MAjoRCA HR #2	107	}
CITY-ST-ZIP	CORAL GABLES FL		CITY-ST-ZIP	DR	Majorca Ax #2	3134	
		□ Delete	TITLE	DVE	37 ,	Change	☐ Addition
TITLE	DVST	□ Delete	NAME	Man	of Ana H. MAJORCA AR # -)
NAME	MORE, ANA H		STREET ADDRESS	20	MAJORCA AR # .	207	İ
STREET ADDRESS	220 MADEIRA AVE #10		CITY-ST-ZIP		al gables El	33134	
CITY-ST-ZIP	CORAL GABLES FL					☐ Change	Addition
TITLE	المراع المستنبها يمي سنت والداعات	- Delete	TITLE		,	☐ Onlinge	
NAME			NAME				
STREET ADDRESS			STREET ADDRESS	İ			
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TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
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STREET ADDRESS			STREET ADDRESS				ì
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			Change	☐ Addition
NAME			NAME				, (
STREET ADDRESS			STREET ADORESS		k		
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
		L. Doloto	NAME				
NAME STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
		ar men de enemer re		atad in Sec	ction 119 07/3)(i) Florida Statutes I for	ther certify that the is	nformation
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.							
indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath, that it all 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.							