

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 06, 2000 8:00 am
Secretary of State

09-06-2000 90092 011 ***158.75

DOCUMENT # P98000019543

1. Entity Name
GA BEST INSURANCE AND FINANCIAL SERVICES, INC.

P

Principal Place of Business
 8180 NORTHWEST 36TH STREET
 #307
 MIAMI FL 33166

Mailing Address
 8180 NORTHWEST 36TH STREET
 #307
 MIAMI FL 33166



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
256 REINETTE DRIVE
 Suite, Apt. #, etc.

3. Mailing Address
256 REINETTE DRIVE
 Suite, Apt. #, etc.

City & State
MIAMI SPRINGS, FL
 Zip
33166
 Country
DADE

City & State
MIAMI SPRINGS, FL
 Zip
33166
 Country
DADE

4. FEI Number **65-0825956**

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

GARZON, MARIO
 8180 NORTHWEST 36TH STREET
 MIAMI FL 33166

Name

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

City **MIAMI SPRINGS** **FL** Zip Code **33166**

*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 ~~\$550.00~~ 150.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 **P** Delete
 NAME **GARZON, MARIO**
 STREET ADDRESS **8180 NORTHWEST 36TH STREET**
 CITY-ST-ZIP **MIAMI FL 33166**

TITLE **P** Change Addition
 NAME **GARZON, MARIO**
 STREET ADDRESS **256 REINETTE DRIVE**
 CITY-ST-ZIP **MIAMI, FL 33166**

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

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

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: *[Signature]* **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-31/2000 (305) 885-6858
 Date Daytime Phone #

CR2E034 (5/00)

Attachment doc #.
P 98000019543
0083740

GA BEST INSURANCE AND FINANCIAL SERVICES, INC.

**256 REINETTE DRIVE
MIAMI SPRINGS, FL 33166
TEL. (305) 885-6858
FAX (305) 887-9015**

August 31, 2000


FLORIDA DEPARTMENT OF STATE
RA: P98000019543 (UBR)

TO WHOM IT MAY CONCERN:

The reason we did not send the UBR on time was that we moved, and we never received the first notice, Please accept ours apologize, We spoke with Leslie at you office (Tel. 850-487 6059 ext. 2), And she advises to send a letter explaining what happens with the Annual Fee of \$150.00 plus the \$8.75 for the certificate of status.

Any questions or concerns feel free to contact me.

Best regards,


Mario Garzon
President