

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000015177

1. Entity Name
BEST TIME, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90057 005 ***150.00

Principal Place of Business

Mailing Address

36 NE 1ST STREET STE 215
MIAMI FL 33132

36 NE 1ST STREET STE 215
MIAMI FL 33132-2422

2. Principal Place of Business

3. Mailing Address

55 N.E. 1ST STREET
Suite, Apt. #, etc.

55 N.E. 1ST STREET
Suite, Apt. #, etc.

STE 8

STE 8

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number
65-0329333

Applied For
Not Applicable

Zip
33132

Country
USA

Zip
33132

Country
USA

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

TOLEDO, ELVIS
36 NE 1ST STREET STE 215
MIAMI FL 33132

Name: TOLEDO, ELVIS
Street Address (R.O. Box Number is not acceptable):
55 N.E. 1ST STREET STE 8
City: MIAMI FL Zip Code: 33132

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]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 1/17/00

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	D	<input type="checkbox"/> Delete
NAME	TOLEDO, ELVIS	
STREET ADDRESS	36 NE 1ST STREET STE 215	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DIRECTOR, PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOLEDO, ELVIS	
STREET ADDRESS	55 N.E. 1ST STREET STE 8	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR 12/01/14 (19/99)