Ρ SIGNATURE: S. BERNSTEIN

6107 NW 72 AVENUE MIAMI, FL 33166

**Current Principal Place of Business:** 

DOCUMENT# P16000093955

#### **Current Mailing Address:**

**BEST STUDIO INN CORPORATION** P.O. BOX 14-1495 CORAL GABLES, FL 33114

## FEI Number: NOT APPLICABLE

#### Name and Address of Current Registered Agent:

Entity Name: BEST STUDIO INN CORPORATION

FIGUERAS, JUAN ESQ 7700 NORTH KENDALL DRIVE SUITE 702 MIAMI, FL 33156 US

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:

Electronic Signature of Registered Agent

### **Officer/Director Detail :**

| Title           | Ρ                     | Title           | VP                    |
|-----------------|-----------------------|-----------------|-----------------------|
| Name            | BERNSTEIN, S          | Name            | BATISTA, C            |
| Address         | P.O. BOX 14-1495      | Address         | P.O.BOX 14-1495       |
| City-State-Zip: | CORAL GABLES FL 33114 | City-State-Zip: | CORAL GABLES FL 33114 |

# 2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED Feb 12, 2020 Secretary of State 8252621259CC

Certificate of Status Desired: No

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

Electronic Signature of Signing Officer/Director Detail

Date