

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F19000003759

Entity Name: BEST UPON REQUEST CORPORATE, INC.**Current Principal Place of Business:**8170 CORPORATE PARK DR.
SUITE 300
CINCINNATI, OH 45202**Current Mailing Address:**8170 CORPORATE PARK DR.
SUITE 300
CINCINNATI, OH 45202 US**FEI Number: NOT APPLICABLE****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

Date

Officer/Director Detail :

Title CHAIRMAN OF THE BOARD
Name LIMA, TILLIE HIDALGO
Address 8170 CORPORATE PARK DR.
SUITE 300
City-State-Zip: CINCINNATI OH 45202

Title SECRETARY
Name LIMA, TILLIE HIDALGO
Address 8170 CORPORATE PARK DR.
SUITE 300
City-State-Zip: CINCINNATI OH 45202

Title TREASURER
Name SCHANNE, KATIE
Address 8170 CORPORATE PARK DR.
SUITE 300
City-State-Zip: CINCINNATI OH 45202

Title PRESIDENT
Name MILLS, WILLIAM
Address 8170 CORPORATE PARK DR.
SUITE 300
City-State-Zip: CINCINNATI OH 45202

Title CEO
Name LIMA, TILLIE HIDALGO
Address 8170 CORPORATE PARK DR.
SUITE 300
City-State-Zip: CINCINNATI OH 45202

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.

SIGNATURE: KATIE SCHANNE**TREASURER****04/20/2021**

Electronic Signature of Signing Officer/Director Detail

Date