

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 06, 2002 8:00 am**  
**Secretary of State**

03-06-2002 90117 039 \*\*\*150.00

**DOCUMENT # 448294**  
 1. Entity Name  
**BEST LITHO INC.**

Principal Place of Business      Mailing Address  
**6912 NW 46TH ST**      **6912 NW 46TH ST**  
**MIAMI FL 33166-5604**      **MIAMI FL 33166-5604**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number **59-1541108**      Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**  
**GARCIA, ED**  
**17805 NW 15TH ST**  
**MIAMI, FL**  
**PEMBROKE PINES FL 33029**

**7. Name and Address of New Registered Agent**  
 Name **GARCIA, Ed**  
 Street Address (P.O. Box Number is Not Acceptable)  
**6912 NW 46 ST.**  
 City **MIAMI**      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      DATE **2/18/02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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**

TITLE	<b>PDST</b>	<input type="checkbox"/> Delete
NAME	<b>GARCIA, ED</b>	
STREET ADDRESS	<b>17805 NW 15TH ST</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33029</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GARCIA, LYDIA B</b>	
STREET ADDRESS	<b>934 MICHIGAN AVE- #202</b>	
CITY-ST-ZIP	<b>MIAMI BHC FL 33139</b>	
TITLE	<b>EVP</b>	<input type="checkbox"/> Delete
NAME	<b>GARCIA, SUSAN K</b>	
STREET ADDRESS	<b>17805-NW-15TH ST</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33029</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>PDST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GARCIA, Ed</b>	
STREET ADDRESS	<b>6912 NW 46 ST.</b>	
CITY-ST-ZIP	<b>MIAMI, FLA. 33166</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GARCIA, LYDIA B</b>	
STREET ADDRESS	<b>17101 SW 78 AVE</b>	
CITY-ST-ZIP	<b>MIAMI, FLA. 33157</b>	
TITLE	<b>EVP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GARCIA, SUSAN K</b>	
STREET ADDRESS	<b>6912 NW 46 ST.</b>	
CITY-ST-ZIP	<b>MIAMI, FLA. 33166</b>	
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:      DATE **2/18/02**      Daytime Phone # **305-592-7693**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)