

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 24, 2001 8:00 am**  
**Secretary of State**

07-24-2001 90011 015 \*\*\*550.00

0106320 AT

**DOCUMENT # F00000000986**

1. Entity Name

**BESTNETMORTGAGE.COM, INC.**

LA

Principal Place of Business

**875 SIXTH AVE., SUITE 1717  
 NEW YORK NY 10001**

Mailing Address

**875 SIXTH AVE., SUITE 1717  
 NEW YORK NY 10001**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1373 BROAD STREET**

3. Mailing Address

**1373 BROAD STREET**

Suite, Apt. #, etc.

**Suite 312**

Suite, Apt. #, etc.

**Suite 312**

City & State

**CLIFTON, NJ**

City & State

**CLIFTON, NJ**

Zip

**07013**

Country

Zip

**07013**

Country

4. FEI Number

**11-3274435**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**KRICHMAR, SELMA**

**7164 SUMMER TREE DRIVE  
 BOYNTON BEACH FL 33437**

7. Name and Address of New Registered Agent

Name

**Larry Israel**

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

**7833 N.W. 60th Lane**

City

**Parkland**

FL

Zip Code

**33067**

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

*Larry Israel*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**7/18/01**

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  
 After September 12, 2001 Fee 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

TITLE **PTD** ☐ Delete  
 NAME **SHLUFMAN, DANIEL M**  
 STREET ADDRESS **2000 LINWOOD AVE., APT. 16-V**  
 CITY-ST-ZIP **FORT LEE NJ 07024**

TITLE **VSD** ☐ Delete  
 NAME **YURAN, RICHARD S**  
 STREET ADDRESS **19 STONY BROOK DRIVE**  
 CITY-ST-ZIP **N. CALDWELL NJ 07006**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)