

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90106 030 ***150.00

DOCUMENT # F21584

1. Entity Name

BEST MADE HOMES, INC.

Principal Place of Business

3455 NW 55TH ST.
 FT LAUDERDALE FL 33309

Mailing Address

3455 NW 55TH ST.
 FT LAUDERDALE FL 33309-6308

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2155037**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COTILLA, ADOLFO J JR.
BEST MADE HOMES, INC.
3455 N.W. 55TH STREET
FT. LAUDERDALE FL 33309

Name

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

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

P
DANIELSSON, JONAS
3455 NW 55TH ST
FT. LAUDERDALE FL

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

VD
VESTERLUND, STIG
3455 NW 55TH ST
FT. LAUDERDALE FL

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

VD
COTILLA, ADOLFO J., JR.
3455 NW 55TH ST
FT. LAUDERDALE FL

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

SD
JOUCHIMS, SVEN OLOF
3455 N 55TH ST
FT. LAUDERDALE FL

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete

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 CITY-ST-ZIP

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 CITY-ST-ZIP

Change Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-00

Date

954 484 4000

Daytime Phone #