

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F83516

1. Entity Name  
**BESTEST FRIEND'S, INC.**

**FILED**  
**Apr 18, 2001 8:00 am**  
**Secretary of State**

04-18-2001 90143 001 \*\*\*317.50

Principal Place of Business

4830 N. FEDERAL HWY  
POMPANO BEACH FL 33064

Mailing Address

P.O. BOX 5940  
LIGHTHOUSE POINT FL 33074

2. Principal Place of Business

4200 W. Sample Rd  
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Coconut Creek, FL

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

33073

Country

Zip

33074

Country

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, GAROLD L.  
4830 N. FEDERAL HWY.  
LIGHTHOUSE POINT FL 33064

Name

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

4200 West Sample Road

City

Coconut Creek

FL

Zip Code

33073

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, 2001 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	PD SMITH, GAROLD L 4830 N. FEDERAL HWY. POMPANO BEACH FL 33064	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SMITH, LYND A 4830 N. FEDERAL HWY POMPANO BEACH FL 33064	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SMITH, RANDY 4830 N. FEDERAL HWY POMPANO BEACH FL 33064	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4200 West Sample Road Coconut Creek, FL 33073	
Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4200 West Sample Road Coconut Creek, FL 33073	
Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4200 West Sample Road Coconut Creek, FL 33073	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/11/2001

954-968-3310

CR2E034 (10/00)