

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90065 029 ***150.00

DOCUMENT # H 68314

1. Entity Name

BEST BUDGET PLAN, INC.

Principal Place of Business

695 N.W. 116 ST.
11601 N.W. 7th AVE
MIAMI, FL 33168

Mailing Address

695 N.W. 116 ST.
11601 N.W. 7th AVE
MIAMI, FL 33168

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

11601 N.W. 7th AVE

City & State

Zip

Country

City & State

MIAMI FL

Zip

33168

Country

USA

4. FEI Number

59-2563468

Applied For

Not Applicable

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

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, 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 ☐ Delete
NAME **P D**
STREET ADDRESS **CARMEL, WILLIAM**
CITY-ST-ZIP **695 N.W. 116 ST.**
MIAMI, FL 33168

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **19935 N.E. 10th PLACE WAY**
CITY-ST-ZIP **NORTH MIAMI BEACH, FL 33179**

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **CARMEL, ALLAN**
CITY-ST-ZIP **1599 MARINER WAY**
HOLLYWOOD, FL 33019

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

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **JOHNSON, ALICE**
CITY-ST-ZIP **2200 N.E. 33 AVE., #173**
FT. LAUDERDALE, FL 33305

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALLAN B. CARMEL

Date

Daytime Phone #

4/26/2001

305-685-5671

CR2E034 (11/00)