

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90129 029 ***150.00

DOCUMENT # L02082

1. Entity Name

BEST OPERATING CORP., INC.

Principal Place of Business

Mailing Address

5524 S. RIDGEWOOD AVE.
ALLANDALE FL 32127
US

5524 S. RIDGEWOOD AVE.
ALLANDALE FL 32127-5626
US

00000000

2. Principal Place of Business

3. Mailing Address

5524 S. Ridgewood Ave

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PORT ORANGE FL

Zip
32127

Country

USA

Zip

Country

4. FEI Number

59-2964762

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

JOANNE MARTINGANO
737 BAY TREE COURT
PORT ORANGE FL 32127

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

Joanne Martingano V.P. Joanne Martingano 2/14/00

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 PT
NAME MARTINGANO, JOSEPH F.
STREET ADDRESS 737 BAY TREE CT.
CITY-ST-ZIP PORT ORANGE FL ☐ Delete

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

TITLE VPS
NAME MARTINGANO, JOANNE
STREET ADDRESS 737 BAY TREE CT
CITY-ST-ZIP PORT ORANGE FL ☐ Delete

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

TITLE D
NAME MARTINGANO, JOSEPH F.
STREET ADDRESS 737 BAY TREE COURT
CITY-ST-ZIP PORT ORANGE FL ☐ Delete

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

TITLE D
NAME MARTINGANO, JOANNE
STREET ADDRESS 737 BAY TREE COURT
CITY-ST-ZIP PORT ORANGE FL ☐ Delete

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joanne Martingano VP Joanne Martingano 2/14/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #