

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90050 007 ***150.00

DOCUMENT # MO3900

1. Entity Name

Best Discount Corporation

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12224 SW 8 Street

Suite, Apt. #, etc.

3. Mailing Address

12224 SW 8 Street

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

04-3040124

Applied For

Not Applicable

Zip

33184

Country

USA

Zip

33184

Country

USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

Carlos Latoni

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

9701 SW 77 Ave. # 22

City Miami

FL

Zip Code

33156

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

Carla Latoni

Carla Latoni

04/30/02

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE PD
NAME Francisco R. Lopez
STREET ADDRESS 12224 SW 8 Street
CITY - ST - ZIP Miami, FL 33184

TITLE SB
NAME Mildred Lopez
STREET ADDRESS 12224 SW 8 Street
CITY - ST - ZIP Miami, FL 33184

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IN THIS SPACE**

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 on an attachment with an address, with all other like and answered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Francisco R. Lopez

04/30/02

Date

(305) 221-4348

Daytime Phone #

CR2E034B (12/01)