

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006710

1. Entity Name

BEST MEDICINE, INC.

Principal Place of Business

1401 N.E. 191 ST., #108
N. MIAMI BEACH FL 33179

Mailing Address

% DA LA O&MARKO
3001 SW 3RD AVE.
MIAMI FL 33129-2765

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0893622

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

MARKO, DAVID EVERETT
3001 S.W. 3RD AVE.
MIAMI FL 33129

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	HICKS GLOVER, CHARLOTTE	
STREET ADDRESS	1401 N.E. 191 ST., #108	
CITY-ST-ZIP	N. MIAMI BEACH FL 33179	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	ROZA, PAMELA	
STREET ADDRESS	1401 N.E. 191 ST., #108	
CITY-ST-ZIP	N. MIAMI BEACH FL 33179	
TITLE	DT	<input type="checkbox"/> Delete
NAME	LIBARKIN, ADAM SAUL	
STREET ADDRESS	1401 N.E. 191 ST., #108	
CITY-ST-ZIP	N. MIAMI BEACH FL 33179	
TITLE	DV	<input type="checkbox"/> Delete
NAME	BLANEY, KEITH	
STREET ADDRESS	1401 N.E. 191 ST., #108	
CITY-ST-ZIP	N. MIAMI BEACH FL 33179	
TITLE	DV	<input type="checkbox"/> Delete
NAME	BENITEZ, JOSE MIGUEL	
STREET ADDRESS	1401 N.E. 191 ST., #108	
CITY-ST-ZIP	N. MIAMI BEACH FL 33179	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

KEITH BLANEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-2000

305-940-3061

CR2E037 (9/99)