B 2 60 5 1 1

2002 UNIFORM BUSINESS REPORT (UBR)

P00000025225 **DOCUMENT #**

1. Entity Name

AMERICAN BEST PROPERTIES CORP.

FILED Sep 15, 2002 8:00 am Secretary of State 09-15-2002 90087 006 ***550.00

				4					
Principal Place of Business 24822 SW 177 AVE MIAMI FL 33031		Mailing Address 13727 SW 152 ST #243 MIAMI FL 33177			* * * U 4 9 5				
2. Principal-l	Place of Business	3. Mailing Address)(1)		1001 0111 1801	
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State		4.	4. FEI Number 65-0990699 Applied For Not Applicable				
Zip	Country	Zip	Country	5.	Certificate of Status Desired		75 Add Required	itional	
	6. Name and Address of Current Re	egistered Agent		7. 1	Name and Address of New Regi	stered Agent			
ARGUELLO, ENRIQUE J. 13727 SW 152 ST				Name Street Address (P.O. Box Number is Not Acceptable)					
#243	00477								
MIAMI FL	33177		City			FL Zi	ip Code)	
Tax filing	Signature, typed or printed name of registered agent and oration is eligible to satisfy its intangible requirement and elects to do so.	After September 13, Make Check Payable	2002 Fee will be	0 \$750.00	10. Election Campaign Financ Trust Fund Contribution.	DATE	\$5.00 Added	May Be to Fees	
11.	OFFICERS AND DI	RECTORS	12.	AD	J DDITIONS/CHANGES TO OFFICE	RS AND DIRE	CTORS	IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ARGUELLO, ENRIQUE J 13727 SW 152 ST # 243 MIAMI FL 33177	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7.15	ANTICIO OF ANTOLO		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD ARGUELLO, DIONNE M 13727 SW 152 ST # 243 MIAMI FL 33177	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			CI	hange	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS City-St-Zip		***	Cr	nange	Addition	
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TITLE NAME STREET AODRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		☐ Cr	nange	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:

9-9-02

SIGNATURE:

9-9-02