

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90205 026 ***150.00

DOCUMENT # P00000026129

1. Entity Name
AMERICAN BEST INVESTMENT CORP.



Principal Place of Business
**24822 SW 177TH AVE
MIAMI FL 33031**

Mailing Address
**13727 SW 152 STREET
#243
MIAMI FL 33177**

2. Principal Place of Business
24822 SW 177th Ave

3. Mailing Address
P.O. Box #771076

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite B

City & State
MIAMI, FL.

City & State
MIAMI, Florida

Zip
33031

Country
USA

Zip
33177

Country
USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0990698**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ARGUELLO, ENRIQUE J
13727 SW 152 ST #243
MIAMI FL 33177**

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> Delete
NAME	ARGUELLO, ENRIQUE J	
STREET ADDRESS	13727 SW 152 ST #243	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	ARGUELLO, DIONNE M	
STREET ADDRESS	13727 SW 152 ST #243	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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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 607, 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-03

Date

Daytime Phone #

CR2E034 (10/02)