

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

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90466 025 ***150.00

DOCUMENT # P000000048382

1. Entity Name

BEST CHOICE AUTO SALES, INC.

DO NOT WRITE IN THIS SPACE

80068576

2. Principal Place of Business MILESTRETCH

4548 [REDACTED] DR.

Suite, Apt. #, etc.

3. Mailing Address

4548 MILESTRETCH DR.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State HOLIDAY FL.

Zip 34690

Country PASCO

City & State HOLIDAY FL.

Zip 34690

Country PASCO

4. FEI Number

59-3665428

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

SALIM GINEM

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

7325 TROUBLE CREEK RD #912

City

NEW PORT RICHEY

FL

Zip Code

34653

**DO NOT WRITE
IN THIS SPACE**

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

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 Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PRES. / TRUS.
NAME SALIM GINEM
STREET ADDRESS 7325 TROUBLE CREEK RD #912
CITY-ST-ZIP NEW PORT RICHEY FL. 34653

TITLE
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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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/6/02

(727) 934-8146 w
(727) 743-8500 cell

CR2E034B (12/01)