2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P00000053891



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

Set 1. No above named entity submits this statement for the purpose of changing its registered agent. Signature 1. Signature 1. Signature 2. Signature 2. Signature 2. Signature 3. Signat	BEST STC	e DP #1, INC.				01-13-2003 \$	90073 017	3130	7.00	
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Suite, Apt. #, etc. Suite, Apt. #, etc. Suite Apt. #, etc.	2. Principal P	ace of Business	3. Mailing Address			65-1018	332	<u>.</u> q	j	
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B. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Not Acceptable) Not Acceptabl	City & State		City & State		4.	4. FEI Number 65-1018324			Applied For Not Applicable	
AHMED, MOHAMED 3045 NW e2ND STREET MIAMI FL 33147 8. The above removed ontity submits this statement for the purpose of changing its registered office or registered agent, or both, in the Siste of Florida. I am familiar with, and accept the obligations of registered agent and live if spot of the obligations of registered agent and live if spot of the obligations of registered agent and live if spot of the obligations of registered agent and live if spot of the obligations of registered agent and live if spot of the obligations of registered agent and live if spot of the obligations of registered agent and live if spot of the obligations of registered agent and live if spot of the obligations of registered agent agen	Zip	- Country -~ -	- Zip	Country	5.	Certificate of Status Desired				
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FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.	the obligat	ions of registered agent.								
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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 frue 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 employeered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if	12. hereby	certify that the information supplied v	with this filing does not qualify	for the exemption stat	ed in Section	on 119.07(3)(i), Florida Statutes. I f	urther certif	y that the i	nformation	

changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNAT

01-07-03

308-696-5345

Date

Daytime Phone #