

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000073076

1. Entity Name
THE BEST PRICE DISTRIBUTORS, INC.

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91164 013 ***158.75

Principal Place of Business 9375 FONTAINBLEAU BLVD. APT. L-435 MIAMI FL 33172	Mailing Address 9375 FONTAINBLEAU BLVD. APT. L-435 MIAMI FL 33172
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2. Principal Place of Business	3. Mailing Address 555 E. 25th St #111
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Boca Raton FL	City & State
Zip 33013	Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0751632	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RAMOS, BRUNO E 9375 FONTAINBLEAU BLVD. APT. L-435 MIAMI FL 33172	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City Zip Code
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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 _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD RAMOS, BRUNO E 9375 FONTAINBLEAU BLVD. APT L-435 MIAMI FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **BRUNO RAMOS** **President** 4-17-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)