

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90259 032 ***158.75

DOCUMENT # P00000073076

1. Entity Name
THE BEST PRICE DISTRIBUTORS, INC.



Principal Place of Business
**9375 FONTAINEBLEAU BLVD.
APT. L-435
MIAMI FL 33172**

Mailing Address
**555 E 25 ST
SUITE # 111
HIALEAH FL 33013**



2. Principal Place of Business
5280 N.W. 163 STREET

3. Mailing Address
555 EAST 25th STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE # 111

City & State
MIAMI LAKES, FLORIDA

City & State
HIALEAH, FL.

4. FEI Number **65-0751632**

Applied For
Not Applicable

Zip
33014

Country

Zip
33013

Country

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RAMOS, BRUNO E
9375 FONTAINEBLEAU BLVD.
APT. L-435
MIAMI FL 33172**

Name

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

5280 N.W. 163 STREET

City

MIAMI LAKES,

FL

Zip Code
33014

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
RAMOS, BRUNO E
9375 FONTAINEBLEAU BLVD. APT L-435
MIAMI FL 33172** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
RAMOS, BRUNO E.
5280 N.W. 163 STREET
MIAMI LAKES, FL. 33014** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Bruno E. Ramos
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRUNOS RAMOS. PRESIDENT

Date

Daytime Phone #

CR2E034 (10/02)