

FILED
May 30, 2002 8:00 am
Secretary of State

05-30-2002 91601 032 ***158.78

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P000000086335**

1. Entity Name

Best Kids Transportation

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1951 N.W. 191 Ave

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Pembroke Pines, FL

City & State

4. FEI Number

65-1041114

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

GLORIA E. ALVAREZ

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

1951 N.W. 191 Ave

City

Pembroke Pines, FL

FL

Zip Code

33029

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

Gloria E. Alvarez

Signature, type or printed name of person signing, and date of signature.

DATE: Registered agent's name required when in residence

5/21/02

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
NAME
STREET ADDRESS
CITY - ST - ZIP
PRESIDENT
GLORIA E. ALVAREZ
1951 N.W. 191 Ave
Pembroke Pines, FL 33029

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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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)(f), 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:

Gloria E. Alvarez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/21/02

(954) 8124535

CR2E034B (12/01)