2002 Uniform Business Report (UBR)

DOCUMENT # P0000091942 1. Entity Name BEST AUTO FINANCE, INC.						Secretary of State 04-01-2002 90050 035 ***150.00				
Principal Place of Business 5895 NW 167TH ST. MIAMI FL 33015		Mailing Address 5895 NW 167TH ST. MIAMI FL 33015					48 111 46 11 8 (81 8)	((((B) # 1141 + 4881	
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		City & State				4. FEI Number Applied For				
						65-1047702 Not Applicable				
Zi <u>p</u>		Zip	Courn	· * *]	5Certificate.of Status Desired	Fee	Required		
	6. Name and Address of Current Re	gistered Agent		Name T	- [Name and Address of New Re	gistered Age	nt		-
LYNCH, P	HILIP				<u>UO\</u> ess (P.C	CP.O. Box Number is Not Acceptable)				}
5895 NW 167TH ST. MIAMI FL 33015					15 NW 167 St					$\frac{1}{2}$
MIAMI FL	33015			589 City M	1 <u>2</u>	NW 167 St	FL	Zip Code		ł
8. The above	named entity submits this statement for the	e purpose of changing its	reaistere	d office or rea	istered	agent, or both, in the State of Flor		22	71-2	1
SIGNATURE	Signature, (ped or Arinted name of registered agent and	<u> </u>	tro	Agent signature re	<u> </u>		1\24	07_		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		FILE NOW!! After May 1, 200 Make Check Payab	2 Fee v	vill be \$550.		10. Election Campaign Fina Trust Fund Contribution.	ncing		0 May Be I to Fees	
11.	OFFICERS AND DI	RECTORS	12.			ADDITIONS/CHANGES TO OFFIC	ERS AND DI	RECTORS	3 IN 11	1_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESTEVE, JERONIMO 5895 NW 167TH ST. MIAMI FL 33015	☐ Delete	III .	T ADDRESS ST-ZIP] Change	Addition	CR2E034 (9/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	III .	ET ADDRESS ST-ZIP			Ċ] Change	☐ Addition	8
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE	·	~ .		- [Change	☐ Addition	
TITLE NAME_ STREET ADDRESS CITY-ST-ZIP		☐ Delete	11					Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	51	T ADDRESS ST-ZIP] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	71) Change	☐ Addition	
indicated of the cor	Detrify that the information supplied with the lon this report or supplemental report is trupporation or the receiver or trustee empower, or on an attachment with an address, with	ue and accurate and that ma ered to execute this report a	v signati	ure shall have.	the san	ne legal effect as if made under oa	ith: that I am a	an officer	or director]