

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000097871

1. Entity Name

BEST FLORIDA LUMBER CORP.

Principal Place of Business

~~9900 S. DADELAND BLVD.~~
~~SUITE 406~~
~~MIAMI FL 33156~~

Mailing Address

~~9900 S. DADELAND BLVD.~~
~~SUITE 406~~
~~MIAMI FL 33156~~

2. Principal Place of Business

10817 NW 29 St.

3. Mailing Address

10817 NW 29 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number

65-1052179

Applied For

Not Applicable

Zip
33172

Country
U.S.A.

Zip
33172

Country
U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KAPLAN, LINDA M
9300 S. DADELAND BLVD.
SUITE 406
MIAMI FL 33156

Name
JOAQUIN LARES

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

10817 N.W. 29 STREET

City
MIAMI

FL

Zip Code
33172

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

APRIL 3, 2001

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

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. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
LARES S., JOAQUIN A
1307 ST. TROPEZ CIRCLE SUITE 1803
WESTON FL 33326 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
LARES S., JOAQUIN A
10817 NW 29 St.
Miami, FL 33172 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOAQUIN LARES

Date

Daytime Phone #

APRIL 3, 2001 (305) 4400040

CR2E034 (10/00)

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90032 037 ***150.00



DO NOT WRITE IN THIS SPACE