

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90163 003 ***150.00

DOCUMENT # **P00000104796**

1. Entity Name

BEST MOTORS CORP.

Principal Place of Business

Mailing Address

3249 SOUTH STATE ROAD 7
HOLLYWOOD, FL, 33023

A0066998

2. Principal Place of Business

3249 South State Rd 7.

3. Mailing Address

3249 South State Rd 7.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

HOLLYWOOD, FL

City & State

HOLLYWOOD, FL.

4. FEI Number

65-1066747.

Applied For

Not Applicable

Zip

33023

Country

U.S.A.

Zip

33023

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOSEPH MARVIN ARAMIA
300 SOUTH POINTE DRIVE # 402
MIAMI BEACH, FL, 33139.

7. Name and Address of New Registered Agent

Name: **JOSEPH MARVIN ARAMIA.**
 Street Address (P.O. Box Number is Not Acceptable): **300 SOUTH POINTE DRIVE # 402.**
 City: **MIAMI BEACH.** FL Zip Code: **33139.**

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]

04-26-01.

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

(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. ☐

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

TITLE: **PRESIDENT.** ☐ Delete
 NAME: **JOSEPH M. ARAMIA**
 STREET ADDRESS: **300 SOUTH POINTE DRIVE # 402.**
 CITY-ST-ZIP: **MIAMI BEACH, FL, 33139.**

TITLE: **VICE PRESIDENT.** ☐ Delete
 NAME: **ALEJANDRO DOMINGO**
 STREET ADDRESS: **456 DE. 211 TH. TER.**
 CITY-ST-ZIP: **MIAMI, FL, 33179.**

TITLE: ☐ Delete
 NAME: ☐ Delete
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 CITY-ST-ZIP: ☐ Delete

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 CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 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

ALEJANDRO DOMINGO

954-9654990

Date

Daytime Phone #

CR2E034 (11/00)