

# 2001 UNIFORM BUSINESS REPORT (UBR)

5/4/

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90017 038 \*\*\*150.00

**DOCUMENT # P00000111575**

1. Entity Name

**BEST QUALITY BILLING SERVICES, INC.**

Principal Place of Business

Mailing Address

1490 WEST 49TH PLACE  
 SUITE 490  
 HIALEAH FL 33012-3149

1490 WEST 49TH PLACE  
 SUITE 490  
 HIALEAH FL 33012-3149

46578

2. Principal Place of Business

3. Mailing Address

1902 N.W. 26 AVE

1902 N.W. 26 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami, FL

Miami, FL

Zip

Country

Zip

Country

33125 Dade

33125 Dade

4. FEI Number

65-1059929

Applied For

Not Applicable

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

CASTILLO, ANIELKA M  
 1902 NW 26TH AVENUE  
 MIAMI FL 33125

Name

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

City

FL

Zip Code

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 retreating)

DATE

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	PD	<input type="checkbox"/> Delete
NAME	CASTILLO, ANIELKA M	
STREET ADDRESS	1902 N.W. 26TH AVE.	
CITY - ST - ZIP	MIAMI FL 33125	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CASTILLO, DORA E	
STREET ADDRESS	1490 WEST 49TH PLACE SUITE 490	
CITY - ST - ZIP	HIALEAH FL 33012	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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

4/2/01 (305) 633-7374

Date

Daytime Phone #

CR2E034 (1/0/00)