

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90049 015 ***150.00

DOCUMENT # P00000115448	
1. Entity Name Best Driver Resources of Orange Colind	

DO NOT WRITE IN THIS SPACE

40037486

2. Principal Place of Business 771 South Kirkman Rd	3. Mailing Address 7779 NW 146 St
Subs. Apt. #, etc. 116	Subs. Apt. #, etc. Miami Lakes
City & State Orlando, FL	City & State Miami Lakes, FL
Zip 32811	Zip 33016
Country	Country Miami Dade

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IN THIS SPACE**

4. FEI Number 65-1062312	Applied For ☐ No: Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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7. Name and Address of Current Registered Agent	
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust: Fund Contribution. ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Gutiérrez Charles 7779 NW 146 St Miami Lakes, FL 33016	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **3/18/05 305.820.1011**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)