

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

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DOCUMENT # P01000016527

1. Entity Name

BEST TIME BILLIARDS, INC.

FILED

02 JUN -6 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 11300 NW 87 CT. Suite, Apt. #, etc. SUITE 138 City & State HIALEAH, FL Zip 33016 Country USA		3. Mailing Address 11300 NW 87 CT. Suite, Apt. #, etc. SUITE 138 City & State HIALEAH, FL Zip 33016 Country USA	
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DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 65-0593620		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name ERNESTO A. LEYVA Street Address (P.O. Box Number is Not Acceptable) 9057 NW 114 ST. City HIALEAH GARDENS FL Zip Code 33018		

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 _____ (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. <input type="checkbox"/> (See criteria on back)	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(D) ERNESTO A. LEYVA 9057 NW 114 ST HIALEAH GARDENS, FL 33018	TITLE NAME STREET ADDRESS CITY - ST - ZIP	100005753711-9 06/11/02-0107-012 ***150.00 ***150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(D) HUGO L. MARTIN 8425 NW 170 ST MIAMI, FL 33015	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE 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 on an attachment with an address, with all other filers empowered.

SIGNATURE: Ernesto A. Leyva 6/5/02 **Daytime Phone #** _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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BEST TIME BILLIARDS, INC.
DOC.# P01000016527

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS PER YOUR REQUEST YOU WILL FIND THE ANNUAL REPORT FORM
ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE
TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED FIRST NOR SECOND NOTICE OF SUCH REPORT. PLEASE
TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS
CURRENT STATUS.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER
AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER
DON'T HESITATE TO CONTACT ME.

CORDIALLY,

Ernesto A. Leyva.

ERNERTO A. LEYVA
PRESIDENT