## 2002 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #**

Principal Place of Business

P01000019086

AMERICAN BEST SOLUTIONS CORP.

Mailing Address

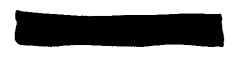
13727 SW 152ND STREET 13727 SW 152ND STREET

6. Name and Address of Current Registered Agent

#243

MIAM! FL 33177 MIAMI FL 33177

2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number 61-108377( Country Zip Country

5. Certificate of Status Desired п 7. Name and Address of New Registered Agent

Not Applicable \$8.75 Additional

Applied For

FILED

Sep 30, 2002 8:00 am Secretary of State

09-30-2002 90177 028 \*\*\*550.00

ARGUELLO, DIONNE M 13727 SW 152ND STREET

#243 \_

MIAMI FL 33177

Zin

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

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 SIGNATURE

City

(NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and life if applicable. 9. This corporation is eligible to satisfy its Intangible Tax tiling requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$550.00 After September 13, 2002 Fee will be \$750.00 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 ☐ Defete TITLE ARGUELLO, DIONNE M ☐ Addition NAME STREET ADDRESS 13727 SW 152ND STREET #243 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33177 CITY-ST-ZIP MILE Delete TITLE ARGUELLO, ENRIQUE J NAME ☐ Change ☐ Addition NAME STREET ADDRESS 13727 SW 152ND STREET #243 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33177 CITY-ST-ZIP TITLE C Delete TITLE NAME ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C-11Y-57-ZIP TITLE ☐ Delete TILLE ☐ Change NAME ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE NAME ☐ Change ■ Addition NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

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 changed, or on an attachment wire my address, with all other like empowered.

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

STREET ADORESS

CITY-ST-ZIP

TITLE

NAME

<u> Le required</u>

☐ Delete

☐ Change

Addition



Attachment

## FLORIDA DEPARTMENT OF STATE

Jim Smith Secretary of State

September 19, 2002

AMERICAN BEST SOLUTIONS CORP. 13727 SW 152ND STREET #243 MIAMI, FL 33177

Subject: AMERICAN BEST SOLUTIONS CORP.

Reference Number:

P01000019086

678372

Please be advised, we have received your annual report/uniform business report; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

To be accepted by our bank, a check must be completed in its entirety. Both the numeric and written amounts must be completed.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/JN ANNUAL REPORTS SECTION