

# 2002 UNIFORM BUSINESS REPORT (UBR)

0109659 AN

DOCUMENT # P01000025989

1. Entity Name

BEST POINT CORPORATION OF ORLANDO

FILED

03 MAY 23 PM 2:01

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

6128 RALEIGH ST., #1109  
ORLANDO FL 32835

6128 RALEIGH ST., #1109  
ORLANDO FL 32835

2. Principal Place of Business

845 Sand Lake Rd  
Suite, Apt. #, etc.

3. Mailing Address

845 SAND LAKE RD  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE 07-03

City & State

ORLANDO FLORIDA

City & State

ORLANDO FLORIDA

4. FEI Number

Applied For  
Not Applicable

Zip  
32809

Country  
U.S.A

Zip  
32809

Country  
USA

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DA SILVA, ENEDINA A  
6128 RALEIGH ST., #1109  
ORLANDO FL 32835

7. Name and Address of New 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.

SIGNATURE

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.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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 D ☐ Delete  
NAME DA SILVA, ENEDINA A  
STREET ADDRESS 6128 RALEIGH ST., #1109  
CITY-ST-ZIP ORLANDO FL 32835

TITLE D ☐ Delete  
NAME DA ARRUDA, PAULO M  
STREET ADDRESS 6128 RALEIGH ST., #1109  
CITY-ST-ZIP ORLANDO FL 32835

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 845 SAND LAKE RD  
CITY-ST-ZIP ORLANDO, FL. 32809

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 845 SAND LAKE RD  
CITY-ST-ZIP ORLANDO, FL. 32809

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 600019836796  
CITY-ST-ZIP 05/23/03--01027--007 \*\*\*800.00

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

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

TITLE ☐ Change ☐ 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, without other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-03

Date

407.816-9626

Daytime Phone #

CR2E034 (9/01)