2002 UNIFORM BUSINESS REPORT (UBR)

May 02, 2002 8:00 am P01000032789 Secretary of State DOCUMENT # 1. Entity Name 05-02-2002 90080 005 ***150.00 BEST IDEA, INC. Mailing Address Principal Place of Business 19512 PRESERVE DR 19512 PRESERVE DR UUUUGAUUG **BOCA RATON FL 33431 BOCA RATON FL 33431** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Numbe City & State City & State Not Applicable \$8.75 Additional Country" Zip Country 5. Certificate of Status Desired Zip Fee Required .7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent > RETAMAR, RICHARD E Street Address (P.O. Box Number is Not Acceptable) 2424 N FEDERAL HWY, SUITE 460 **BOCA RATON FL 33431** Zip Code City 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) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be 9. This corporation is eligible to satisfy its Intangible After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. CR2E034 (9/01) Change Delete TITLE TITLE Baron, Lori NAME 19512 Preserve Dr. BARON, LORI NAME STREET ADDRESS 19512 PRESERVE DR STREET ADDRESS Boca Raton, FL 3343 CITY-ST-ZIP **BOCA RATON FL 33431** CITY-ST-ZIP **□ Addition** ☐ Change TITLE ☐ Delete TITLE wave crest way NAME 180 NE NAME STREET ADDRESS Boca Raton, FC 33/32 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP - Addition -- Change TITLE Delete TITLE NAME NAME 5132 Nh STREET ADDRESS Soconut Creek, FC 33073 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITI F etamar, Susan NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

FILED