

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90202 028 \*\*\*150.00

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DOCUMENT # **P01000032789**

1. Entity Name  
**BEST IDEA, INC.**



Principal Place of Business  
**19512 PRESERVE DR  
BOCA RATON FL 33431**

Mailing Address  
**19512 PRESERVE DR  
BOCA RATON FL 33431**

2. Principal Place of Business  
**386 NE 191 Street**

3. Mailing Address  
**P.O. Box 471**

Suite, Apt. #, etc.

City & State  
**Miami FL**

City & State  
**Boca Raton, FL**

Zip  
**33179** Country  
**USA**

Zip  
**33429** Country  
**USA**



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1085852**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**RETAMAR, RICHARD E  
~~240 N FEDERAL HWY SUITE 400  
BOCA RATON FL 33431~~**

7. Name and Address of New Registered Agent  
Name **RETAMAR LAW FIRM, P.A. <sup>Richard E</sup>**  
Street Address (P.O. Box Number is Not Acceptable) **823 E. Hillsboro Blvd. Retamar, ESQ.**  
**P.O. Box 973**  
City **Deerfield Beach FL** Zip Code **33441**

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 *Richard E Retamar* DATE **4-13-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BARON, LORI</b> <b>19512 PRESERVE DR</b> <b>BOCA RATON FL 33431</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>DEMKE, KERRI</b> <b>180 NE WAVE CREST WAY</b> <b>BOCA RATON FL 33432</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>RAUSCHER, CAROL</b> <b>5132 NW 74TH CT</b> <b>COCONUT CREEK FL 33073</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>RETAMAR, SUSAN</b> <b>345 NE OLIVE DR.</b> <b>BOCA RATON FL 33432</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <b>New</b> <b>Dimke, Kerri</b> <b>180 NE Wave crest way</b> <b>Boca Raton, FL - 33432</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice-President</b> <b>New</b> <b>Wendy O. Wright</b> <b>5900 E. Grand Duke circle</b> <b>Tamara, FL 33321</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Kerri Dimke* **Kerri Dimke** DATE **4/4/03**

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)