

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90428 001 *****8.75
04-24-2002 90428 002 ***150.00

DOCUMENT # P01000054927

1. Entity Name
BEST CONSTRUCTION U.S.A., CORP.

Principal Place of Business

12546 SW 211 TE
MIAMI FL 33177

Mailing Address

12546 SW 211 TE
MIAMI FL 33177

2. Principal Place of Business

19707 SW 123 court

Suite, Apt., #, etc.

3. Mailing Address

11386 NW 2st

Suite, Apt., #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami Florida

Zip

33177

Country

Dade

City & State

Miami Florida

Zip

33172

Country

Dade

4. FEI Number

65-1109496

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SUAREZ, LUIS A
12546 SW 211 TE
MIAMI FL 33177

7. Name and Address of New Registered Agent

Name Luis A. Suarez

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

19707 SW 123 court

City Miami

FL

Zip Code

33177

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 PD ☐ **Delete**
NAME SUAREZ, LUIS A
STREET ADDRESS 12546 SW 211 TE
CITY-ST-ZIP MIAMI FL 33177

TITLE SD ☐ **Delete**
NAME SUAREZ, MADELIN
STREET ADDRESS 12546 SW 211 TE
CITY-ST-ZIP MIAMI FL 33177

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
CITY-ST-ZIP

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

TITLE ☐ **Change** ☐ **Addition**
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CITY-ST-ZIP

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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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-17-02 (86) 255 0569

CR2E034 (9/01)