

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000103480

FILED
Apr 26, 2002 8:00 AM
Secretary of State

Entity Name: BEST WORLD INSURANCE CORP

Current Principal Place of Business:

6499 SUNSET STRIP
SUNRISE, FL 33313

New Principal Place of Business:

6843 SUNSET STRIP
SUNRISE, FL 33313

Current Mailing Address:

6499 SUNSET STRIP
SUNRISE, FL 33313

New Mailing Address:

6843 SUNSET STRIP
SUNRISE, FL 33313

FEI Number: 65-1150355

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NIVARD, DAVID
9302 E BAY HARBOR DRIVE
106
BAY HARBOR ISLANDS, FL 33154

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V () Change (X) Addition
Name: NIVARD, DAVID
Address: 9302 E BAY HARBOR DRIVE
City-St-Zip: BAY HARBOR ISLANDS, FL 33154 US

Title: V () Change (X) Addition
Name: FENLUS, RENAND
Address: 6688 SALTAIRE TERRACE
City-St-Zip: CORAL SPRINGS, FL 33063 US

Title: P () Change (X) Addition
Name: THERESA, DUVAL P
Address: 6843 SUNSET STRIP
City-St-Zip: SUNRISE, FL 33313 US

Title: V () Change (X) Addition
Name: PRATT-BROWN, MARCIA R
Address: 911 NE 209 TERRACE UNIT 102
City-St-Zip: NORTH MIAMI BEACH, FL 33179 US

Title: V () Change (X) Addition
Name: IANNAONE, CARLA A
Address: 9302 E BAY HARBOR DRIVE
City-St-Zip: BAY HARBOR ISLANDS, FL 33154 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID NIVARD

V

04/26/2002

Electronic Signature of Signing Officer or Director

Date