

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90047 003 ***150.00

DOCUMENT # P01000107523

1. Entity Name
BEST INTERIOR CONSTRUCTION, INC.

Principal Place of Business
100 SE 2ND STREET 17TH FLOOR
MAIMI FL 33131

Mailing Address
100 SE 2ND STREET 17TH FLOOR
MAIMI FL 33131

2. Principal Place of Business
5757 BLUE LAGOON DRIVE

3. Mailing Address
5757 BLUE LAGOON DRIVE

Suite, Apt. #, etc.
SUITE 220

Suite, Apt. #, etc.
SUITE 220

City & State
MIAMI FL

City & State
MIAMI FL

Zip
33126

Country
USA

Zip
33126

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1151781

Applied For
☐ **Not Applicable**

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

6. Name and Address of Current Registered Agent

LICKSTEIN, FRED K
100 SE 2ND STREET 17TH FLOOR
MAIMI FL 33131

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRES. ANTOINE GHOSH
STREET ADDRESS	5757 BLUE LAGOON DRIVE # 220
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAHA GHOSH
STREET ADDRESS	SEC/TREAS 5757 BLUE LAGOON DRIVE #220
CITY-ST-ZIP	MIAMI FL 33126
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: ANTOINE GHOSH, PRES.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/02 (305) 264-4055
Date Daytime Phone #

CR2E034 (9/01)