

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

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90666 001 ***150.00

DOCUMENT # P01000109883

1. Entity Name
BEST MIAMI MAINTENANCE INC.



Principal Place of Business
7825 NE BAYSHORE CT. APT 302
MIAMI FL 33138

Mailing Address
7825 NE BAYSHORE CT. APT 302
MIAMI FL 33138

2. Principal Place of Business
1270 NE 124 ST
Suite, Apt. #, etc.

3. Mailing Address
1270 NE 124 ST
Suite, Apt. #, etc.

City & State
NORTH MIAMI, FL

City & State
NORTH MIAMI, FL

4. FEI Number **65-1153661**

Applied For
Not Applicable

Zip **33161** **Country** **USD**

Zip **33161** **Country** **USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRIDA, MARIO
7825 NE BAYSHORE CT, APT 302
MIAMI FL 33138

Name **PRIDA, MARIO**
Street Address (P.O. Box Number is Not Acceptable)
1270 NE 124 ST
City **NORTH MIAMI** **FL** **Zip Code** **33161**

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

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPTS** ☐ **Delete**
NAME **PRIDA, MARIO**
STREET ADDRESS **7825 NE BAYSHORE CT, APT 302**
CITY-ST-ZIP **MIAMI FL 33138**

TITLE **DPTS** ☒ **Change** ☐ **Addition**
NAME **PRIDA, MARIO**
STREET ADDRESS **1270 NE 124 ST.**
CITY-ST-ZIP **NORTH MIAMI, FL 33161**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 10 2003 305 3367971
Date Daytime Phone #

CR2E034 (10/02)