## 2508 AV

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

DOCUMENT # P02000080737

1. Entity Name

ONLY THE BEST ONE, INC.

N. A. S.

## FILED Apr 14, 2003 8:00 am Secretary of State

04-14-2003 90418 038 \*\*\*150.00

Suite, Apt. #, etc.   Suite, Apt. #, etc.   City & State   City &	Principal Plac 15434 SW 14 MIAMI FL 331			1543	Mailing Address 15434 SW 146 ST MIAMI FL 33196								
City & State  Country  E. Name and Address of Current Registered Agent  F. Name and Address of New Registered Agent  T. Name and Address of New Registered Agent	2. Principal P	Place of Busine	ess	3. Mai	3. Mailing Address				1	1111   1111   12181   			
Special Country   Zip   Country   Zip   Country   S. Certificate of Status Desired   D   Set 75 Additional Fee Propinged   Page   Propinged   Page   Propinged   Page   Propinged   Page   Propinged   Page   Propinged   Page	Suite, Apt.	#, etc.		Suite	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
SPIEGE & UTRERA, P.A. 1840 SW 22 ST 4 FLR MIAMI FL 33145  8. They above named entity submits this stallament for the purpose of changing list registered degret, or both, in the State of Florida. I am familiar with, and accept two obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept two obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept two obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept two obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept two obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept two obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept two obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept two obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept two obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept two obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept two obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept two obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept two obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept two obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept two obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept two obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept two obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept two obligations or registered agent, or both, in the State of Florida. I am familiar w	City & State			City	City & State				61 - 0634	422	<del></del>	· <del>·</del>	
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SPIEGEL & UTRERA, P.A. 1840 SW 22 ST 4 FLR  MIAMIFL 33145  8. The, above named entity submits this patalement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  S		6. Name	алd Address of Cu	rrent Registere	egistered Agent			7.	7. Name and Address of New Registered Agent				
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature   Signat	1840 SW 22 ST 4 FLR							ress (P.O. E	is (P.O. Box Number is Not Acceptable)				
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 SIGNATU	mi/um i c	00110							<u> </u>	FL	Zip Cod	le	1
SIGNATURE    Signature typed of privated narror of registered agent and steril anoticable. (MOTE: Registered Agent elignature required when re				ent for the purp	ose of changing its	registere	d office or re	gistered ag	gent, or both, in the State of F	·	amiliar with,	and accept	1
Signature, speed or intenderent agent and tile in purious. (NOTE: regulated Agent intendure required when renature)   DATE	, -	tions of registe	ered agent.										
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10.	SIGNATURE .	Signature, typed o	or printed name of registered	agent and title if app	licable. (NOTE	: Registered	Agent signature r	required when r	einstating)	DATE			
11.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1   TITLE   NAME   STREET ADDRESS   1.1   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1   TITLE   NAME   STREET ADDRESS   STREET AD	Afte	r May 1, 200	3 Fee will be \$550	0.00			J. 500 & 50 200	امار شاری میرادی	, ,	~ ~	, , , , , ,		
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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: LANGE OF SIGNING FFICER OR DIRECTOR D