

FILED
Jun 23, 2003 8:00 am
Secretary of State

05-05-2003 91786 050 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000083160

1. Entity Name
BEST REALTY, INC.



Principal Place of Business
2747 EAST ENTERPRISES ROAD STE 14
CLEARWATER, FL 33759

Mailing Address
2747 EAST ENTERPRISES ROAD STE 14
CLEARWATER, FL 33759

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

41-2054127

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MIZO, ARMANDO F
25400 US 19 NORTH STE 210
CLEARWATER, FL 33763

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of designated agent and title if applicable.

(NOTE: Registered Agent's signature required when registering)

DATE

FILE NOW WITH FEE IS \$150.00

AND MAY 2003 FEE WILL BE \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPT
FLEISCHMAN, SARA H
2747 EAST ENTERPRISES ROAD STE 14
CLEARWATER, FL 33759 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVS
FLEISCHMAN, MIGUEL
2747 EAST ENTERPRISES ROAD STE 14
CLEARWATER, FL 33759 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

Sarah H. Fleischman, President

05/01/03

(727)797-4144

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (10/02)