


FILED
Sep 12, 2003 8:00 am
Secretary of State

09-12-2003 90100 046 ***150.00

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

80147705

DOCUMENT # P02000107678			
1. Entity Name BEST SYSTEMS OF FLORIDA, INC.			
Principal Place of Business 9500 SW 49 PLACE COOPER CITY, FL 33328-3409		Mailing Address 9500 SW 49 PLACE COOPER CITY, FL 33328-3409	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 61-1430687		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
EZRATI, HAIM 9500 SW 49 PLACE COOPER CITY, FL 33328		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when submitting)</small> DATE _____			
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Amended UBR is \$6125. Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EZRATI, HAIM 9500 SW 49 PLACE COOPER CITY, FL 333283409 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, T, P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EZRATI, LISA M 9500 SW 49 PLACE COOPER CITY, FL 333283409 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, S, P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: <i>X Haim Ezrati</i>		Date 8/30/03 954-893-9007	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (10/02)

Attachment
80147705

CG Accounting Corporation

4101 Ravenswood Road, Suite 111, Fort Lauderdale, FL 33312 (954) 327-4617 Fax (954) 327-4618

August 28, 2003

Uniform Business Report
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

Re: Best Systems of Florida Inc.
P02000107678
2003 UBR

Dear State of Florida Representative,

We are the accountants for the above named taxpayer. This corporation never received their 2003 UBR in the mail. We sent an e-mail and received a response (copy enclosed) to advise us how to proceed.

We are submitting the application together with the \$150 fee. We appreciate the abatement of the late fee.

If any additional information is needed, please contact us.

Very truly yours,

David Goldis
David Goldis

DTG/cb

Attachment

Page 1 of 1

80147705

David Goldis

From: "corphelp" <corphelp@dos.state.fl.us>
To: <cg-accounting@mindspring.com>
Sent: Thursday, August 28, 2003 3:46 PM
Subject: RE: Best Systems of Florida - #P02000107678 [sls]

If your client did not receive the first notice please have the client attach a letter to the UBR stating so and include the regular filing fee of \$150.00,

Thanks,

Lee

Internet Access

-----Original Message-----

From: David Goldis [mailto:cg-accounting@mindspring.com]
Sent: Wednesday, August 27, 2003 3:17 PM
To: corphelp
Subject: Best Systems of Florida - #P02000107678 [sls]

We are the accountants for the above named taxpayer. My client never received the original UBR for 2003, and never realized that it wasn't received. This is the first year they need to file the report. We would like to immediately send in a new UBR together with the fee of \$150. We would appreciate an abatement of the penalty.
Thank you.

David Goldis
CG Accounting Corp.
(954) 327-4617
(954) 327-4618 fax
david@cg-accounting.com

This email is intended solely for the use of the individual to whom it is addressed and may contain information that is privileged, confidential or otherwise exempt from disclosure under applicable law. If the reader of this email is not the intended recipient or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please immediately notify us by telephone and return the original message to us at the listed email address. Thank You.

8/28/2003