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

## P93000023943 **DOCUMENT #**

1. Entity Name



**FILED** Mar 21, 2003 8:00 am Secretary of State

| BESTONE EAST COAST USA CORP.   |   |   |                        |   | 03-21-2003 9008 / 011 ****150.00                |  |   |
|--|---|---|------------------------|---|---|--|---|
| Principal Place of Business<br>6969 N.W. 84 AVE<br>MIAMI FL 33166<br>US  |   | Mailing Ad<br>6969 N.W.<br>MIAMI FL 3<br>US | 84 AVE                 |   |   | 11. <b>11</b> 11 <b>11</b> 11 <b>1</b> 11 <b>111</b> | 1 <b>0</b> 11/2 <b>21/10 2</b> 21/2 1 <b>0</b> 11 |
| 2. Principal   | Place of Business   | 3. Mailing A                                | Address                | , <u></u>   |   |  |   |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.                         |                        |   | CHECK HERE IF MAKING CHANGES                    |  |   |
| City & State   |   | City & Sta                                  | City & State           |   | hh-1399924                                      |  | Applied For Not Applicable                        |
| Zip  | Country   | Zip   |                        | Country   | 5. Certificate of Status Desired                | \$8.75<br>Fee Re                                     | Additional  |
|  | 6. Name and Address of Curr   | rent Registered Ag                          | ent                    |   | 7. Name and Address of New F                    |  | 441100  |
| DOLANO.  | 0.1140010   |   |                        | Name  |   |  |   |
|  | O, HAROLD   |   |                        | Street Addres   | s (P.O. Box Number is Not Acceptable            | <u> </u>   |   |
|  | V 82ND AVENUE   |   |                        |   |   |  |   |
| STE 427  | 00400   |   |                        |   |   |  |   |
| MAMI FL  | . 33166   |   |                        | City  |   | FL Zip   | Code  |
| 8. The above the obligation  | e named entity submits this stateme ations of registered agent.   | nt for the purpose o                        | f changing its r       | egistered office or regis   | tered agent, or both, in the State of Fk        |  | with, and accept                                  |
| SIGNATURE  |   |   |                        |   |   |  |   |
| Sert 9   | Signature, typed or printed name of registered a  | gent and little if applicable.              | (NOTE:                 | Registered Agent signature requ   | ired when reinstating)                          | DATE   |   |
| 4.1  |   |   |                        |   |   |  |   |
|  | FILE NOW!!! FEE IS \$150.00   |   |                        |   | 9 Election Campaign Fin                         | annoina 🗭  | 5.00  |
| Afte   | er May 1, 2003 Fee will be \$550.   | 00<br>et of State                           | ·                      |   | 9. Election Campaign Fir Trust Fund Contributio |  | 5.00 May Be                                       |
| Afte<br>Make Chec  | er May 1, 2003 <sup>°</sup> Fee will be \$550.<br>k Payable to Florida Departmen  | t of State                                  |                        |   | Trust Fund Contributio                          | n. 🗆 Ā   | dded to Fees                                      |
| Afte<br>Make Chec<br>10.   | er May 1, 2003 Fee will be \$550.<br>k Payable to Florida Departmen<br>OFFICERS A   | nt of State                                 | 70.00                  | 11.   |   | n.   | ORS IN 11   |
| Afte<br>Make Chec  | er May 1, 2003 Fee will be \$550.<br>k Payable to Florida Departmen<br>OFFICERS A   | nt of State                                 | □ Delete               | TITLE   | Trust Fund Contributio                          | n. 🗆 Ā   | ORS IN 11   |
| Make Chec  | er May 1, 2003 Fee will be \$550.<br>k Payable to Florida Departmen<br>OFFICERS A   | nt of State                                 | □ Delete               | 1   | Trust Fund Contributio                          | n.   | ORS IN 11   |
| Make Chec 10. TITLE NAME   | er May 1, 2003 Fee will be \$550.  k Payable to Florida Departmen  OFFICERS A  D  POLANCO, HAROLD   | nt of State                                 | □ Delete               | TITLE<br>NAME   | Trust Fund Contributio                          | n.   | ORS IN 11   |
| Make Chec 10. TITLE NAME STREET ADDRESS  | Pr May 1, 2003 Fee will be \$550.  R Payable to Florida Departmen  OFFICERS A  D  POLANCO, HAROLD  7091 N W 82ND AVENUE  MIAMI FL  D  | nt of State                                 | ☐ Delete               | TITLE NAME STREET ADDRESS   | Trust Fund Contributio                          | n.   | FORS IN 11 Inge  Addition                         |
| Make Chec  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME   | Pr May 1, 2003 Fee will be \$550.  R Payable to Florida Department  OFFICERS A  D POLANCO, HAROLD 7091 N W 82ND AVENUE MIAMI FL  D BONENTE, FAUSTO                                | nt of State                                 |                        | TITLE NAME STREET ADDRESS CITY-ST-ZIP   | Trust Fund Contributio                          | n.   | TORS IN 11  |
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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 tristee 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 sympowered.

SIGNATURE:

305 593-5292