

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90369 046 \*\*\*150.00

DOCUMENT # P93000028070

1. Entity Name  
**BEST BILLING SERVICES INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 175 FOUNTAIN BLEAU BLVD. #1212 MIAMI FL 33172 US	Mailing Address 175 FOUNTAIN BLEAU BLVD 1212 MIAMI FL 33172-4511 US
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2. Principal Place of Business <i>175 Fontainebleau Blvd.</i>	3. Mailing Address <i>175 Fontainebleau Blvd.</i>
Suite, Apt. #, etc. <i>1-P1</i>	Suite, Apt. #, etc. <i>1-P1</i>

City & State <i>MIAMI FL.</i>	City & State <i>MIAMI FL</i>	4. FEI Number <b>65-0403187</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <i>33172</i>	Country <i>USA</i>	Zip <i>33172</i>	Country <i>USA</i>

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

6. Name and Address of Current Registered Agent  
**FUENTES, VILMA**  
**175 FOUNTAIN BLEAU BLVD STE 1P-1**  
**MIAMI FL 33134**

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.  
 SIGNATURE *Vilma Fuentes* **PRESIDENT** DATE **4-28-00**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE <b>P</b>	<input checked="" type="checkbox"/> Delete
NAME <b>FUENTES, VILMA</b>	
STREET ADDRESS <b>175 FOUNTAIN BLEAU BLVD.</b>	
CITY-ST-ZIP <b>MIAMI FL <i>Ste. 1P1</i></b>	
TITLE <b>VPDS</b>	<input type="checkbox"/> Delete
NAME <b>FUENTES, VILMA</b>	
STREET ADDRESS <b>175 FOUNTAIN BLEAU BLVD</b>	
CITY-ST-ZIP <b>MIAMI FL 33123-1 <i>Ste 1-P1</i></b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>Pres.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>Vilma Adriana Fuentes</b>	
STREET ADDRESS <b>175 Fontainebleau Blvd. 1-P1</b>	
CITY-ST-ZIP <b>MIAMI FL 33172</b>	
TITLE <b>VICE PRESIDENT</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>VILMA FUENTES</b>	
STREET ADDRESS <b>SAKE AS ABOVE</b>	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Vilma Fuentes* DATE: **4/28/00**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)