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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT CASTATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P93000038988**1. Corporation Name

BEST EQUIPMENT & REPAIR, INC.

FILED Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90029 039 ***150.00



Principal Place	e of Business	Mailing Address		- I INVITABLE IN SOURCE CONTRACTOR OF THE SOURCE CONTRACTOR CONTRA
12801 S.W. 88T		12801 S.W. 88TH STREET		
MIAMI FL 33186		MIAMI FL 33186		
				DO NOT WRITE IN THIS SPACE
				Date Incorporated or Qualifed
				05/24/1993
2. Principal Pl	lace of Business	2a. Mailing Address	120)	4. FEI Number Applied For
21 328	60 SW 170ST		<u> 120st wi</u>	65-0417029 Not Applicable
Suite, Apt.	#, etc.	Suite, Āpt. #, etc.	,	5. Certificate of Status Desired 5. Status Desired 5. Certificate of Status Desired 6. Certificate Of Sta
22		27		ree (Vequiled
City & State	- T1	City & State	T-(.	6. Election Campaign Financing \$5.00 May Be
23 Y Y X	3001 40	28 YY\101		Trust Fund Contribution Added to Fees
¬ zip ス	186 25 05 A	29 33\4\ (1) 3(1)	Country J USA	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No
24 55	9. Name and Address of Current	<u> </u>		10. Name and Address of New Registered Agent
	g, Name and Address of Cultent	Negistered Agent	81 Name	10. Hama and Jacobs of Not (Cagnotice 1.8
coo	PER, LANCE A.			
	01 SW 88 STREET		82 Street Addr	ress (P.O. Box Number is Not Acceptable)
	WI FL 33186		83	
***************************************			"	
			84 City	FL 85 Zip Code
	to the continuous SOT DEAD	and 607 1608 Florida Statutos	the above-named corn	poration submits this statement for the purpose of changing its registered
office or re	egistered agent or both in the State of	f Florida. Such change was auth	norized by the corporation	ion's board of directors. I hereby accept the appointment as registered
agent. I ar	m familiar with, and accept the obligation	ons of, Section 607.0505, Florida	a Statutes.	
SIGNATURE		and Mr. Manadianhla (MOTE, D.	egistered Agent signature require	ed when (einstating) DATE
12.	Signature, typed or printed name of registered agent OFFICERS AND			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
) DIRECTORS		AUDITIONS/CHANGES TO DEFICERS AND DIRECTORS IN TZ = 1
		D DIRECTORS DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Abange Addition
TITLE	PD		1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 hange Addition
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14. 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it 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 12 or Block 13 if changed, of on an attachment with an address, with all other like empowered.

SIGNATURE: