FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

03

DOCUMENT # P93000042668

1. Entity Name

Above Corporation DBA/Best Promotions

DO NOT WRITE IN THIS SPACE

FILED

03 FEB 25 AM 8:53

SECRETARY OF STATE TALLAHASSEE, FLORIDA

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. PO Box 960425		Suite, Apt. #, etc. PO Box 960425	
City & State Miami Fla		City & State Miami Fla	
Zip 33296	Country USA	Zip 33296	Country USA

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4. FEI Number 65-0417454 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: ANA L. Aviles

Street Address (P.O. Box Number is Not Acceptable): 10030 SW 127 Ave

City: Miami FL Zip Code: 33186

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] 2/12/2003

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	President
NAME	ANA L. Aviles
STREET ADDRESS	12814 SW 119 Terr
CITY-ST-ZIP	MIAMI Fla 33186
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NO other officers or Directors
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/24/03--01094--014 **150.00

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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 2/12/03 305-753-2030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

305-380-0593

js 2/26