

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91047 046 ***150.00

DOCUMENT # P93000078195

1. Entity Name
BEST WHOLESALE, INC.



Principal Place of Business
**455 FAIRWAY DR.
SUITE 102
DEERFIELD BEACH FL 33441
US**

Mailing Address
**PO BOX 146
HASBROUCK HEIGHTS NJ 07604**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

Zip

Country

Zip

Country

4. FEI Number **65-0450866**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HRABOVSKY, PAUL
455 FAIRWAY DR STE 102
DEERFIELD BEACH FL 33441**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	CONIGLIO, LOUIS J	
STREET ADDRESS	7111 WOODBRIDGE COURT	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	D	<input type="checkbox"/> Delete
NAME	CONIGLIO, MARY	
STREET ADDRESS	7111 WOODBRIDGE COURT	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	D	<input type="checkbox"/> Delete
NAME	CONIGLIO, ROSARIO	
STREET ADDRESS	7111 WOODBRIDGE COURT	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	P	<input type="checkbox"/> Delete
NAME	SHAPIRO, HARVEY	
STREET ADDRESS	180 RARITAN CENTER PARKWAY	
CITY-ST-ZIP	EDISON NJ 08837	
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"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

Signature Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/03

Date

Daytime Phone #

CR2E034 (10/02)