

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000041766

1. Entity Name

BESTWAY TRADING, CORP.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90128 045 ***158.75

Principal Place of Business

Mailing Address

~~8051 NW 36 ST~~
~~SUITE 600~~
~~MIAMI FL 33166~~
~~US~~

~~8051 NW 36 ST~~
~~SUITE 600~~
~~MIAMI FL 33166~~
~~US~~

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 4

SUITE 4

City & State

City & State

MIAMI, FL

MIAMI, FL

Zip

Country

Zip

Country

33166

US

33166

US

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NETO, ARISTIDES B

~~8051 NW 36 STREET~~

~~SUITE 600~~

~~MIAMI FL 33166~~

Name

Street Address (P.O. Box Number is Not Acceptable)

8201 NW 66 STREET

SUITE 4

City

MIAMI

FL

Zip Code
33166

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
BASSINI, ARISTIDES
540 BRICKELL KEY DR #505
MIAMI FL

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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:

Aristides Bassini
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/27/00 (305) 597-4511
Date Daytime Phone #