

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000086817

1. Entity Name

BEST DESIGN, INC.

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90032 033 \*\*\*150.00

Principal Place of Business

10730 SW 27TH CT  
DAVIE FL 33328

Mailing Address

1357 SW 181 AVE  
PEMBROKE PINES FL 33330-1428  
US

2. Principal Place of Business

3. Mailing Address

10730 SW 27TH CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
DAVIE, FL

Zip

Country

Zip

33328

Country

4. FEI Number

65-0706739

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

DAVIS, MAGDA M  
2650 SW 27TH AVE. STE 304  
MIAMI FL 33126

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

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>SMIDI, ROBERT<br>15327 NW 60TH AVENUE STE 240<br>MIAMI LAKES FL           | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>DEMING, CATHERINE<br>15327 NW 60TH AVENUE STE 240<br>MIAMI LAKES FL 33014 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>SMIDI, CHERYL<br>15327 NW 60TH AVENUE STE 240<br>MIAMI LAKES FL 33014     | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>10730 SW 27TH CT<br>DAVIE, FL 33328 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>2980 SW 117 AVE<br>DAVIE, FL 33330  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>10730 SW 27TH CT<br>DAVIE, FL 33328 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

SIGNATURE:

*Signature of Officer or Director*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/00 954-370-0557  
Date Daytime Phone #

CR2E034 (9/99)