

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000013578

1. Entity Name

ITALIAN BEST INC.

P

FILED
Aug 11, 2000 8:00 am
Secretary of State

08-11-2000 90094 028 ***150.00

Principal Place of Business

10235 S.W. 8TH TERRACE
MIAMI FL 33174

Mailing Address

10235 S.W. 8TH TERRACE
MIAMI FL 33174

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0777639

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

DELGADO, RAUL
10235 S.W. 8TH TERRACE
MIAMI FL 33174

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PD ☐ Delete
NAME DELGADO, RAUL
STREET ADDRESS 10235 S.W. 8TH TERRACE
CITY-ST-ZIP MIAMI FL 33174

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME DELGADO, CARMELINA
STREET ADDRESS 10235 S.W. 8TH TERRACE
CITY-ST-ZIP MIAMI FL 33174

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME DELGADO, RICARDO
STREET ADDRESS 10235 S.W. 8TH TERRACE
CITY-ST-ZIP MIAMI FL 33174

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/4/2000

(305) 553-3907

Date

Daytime Phone #

CR2E034 (5/00)

attachment DOCT#
P970000013578
A0072353

Miami, August 4, 2000

State of Florida
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302

Re: Italian Best Inc.,

2000 Annual Business report

Dear Sirs:

We didn't send the annual report sooner because we never receive the first notice that you annually send on January.

It was a mistake due to the fact that the first notice was stranded in the mail.

We request that you take in consideration the foregoing and receive the attached check of \$150.00 as the payment of the 2000 annual report.

Very truly yours,


Raul Delgado

rd/cs