2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT #

P97000045817

1. Entity Name

SIGNATURE: 🔀

BEST MARINE CARPENTRY INC.



FILED Jan 15, 2003 8:00 am Secretary of State

01-15-2003 90194 008 ***150.00

Principal Place of Business 2238 SW 34TH STREET FORT LAUDERDALE FL 33312		Mailing Address 2238 SW 34TH STREET FORT LAUDERDALE FL 33312					
2. Principa	al Place of Business	La vier	-				
	_	3. Mailing Address				ik be nk se kil eksi ekil i	
Suite, A	pt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES		
City & S	itate	City & State		4. FE! Number			
Zip	Country	Zip	Country		65-0904886		Applied For Not Applicable
	6. Name and Address of Curre	ot Registered Assault		<u></u>	5. Certificate of Status Desired	\$8.75 Fee.Req	Additional
	•	it negistered Agent		Vame	7. Name and Address of New Re	gistered Agent	01160
MEJIA,			L				
,	v 34th street Nuderdale FL 33335			otreet Address (P	O. Box Number is Not Acceptable)		
1 3111 2	100FUDYFE LF 22222						
8. The above	Ve named ontity out it - this		_	ity		FL Zip C	
the obliga	e named entity submits this statement lations of registered agent.	or the purpose of changing	its registered o	ffice or registered	d agent, or both, in the State of Flori	da. I am familiar wi	th, and accept
SIGNATURE							and docopt
-	Signature, typed or printed name of registered agen	and title if applicable. (Ne	OTE: Registered Age	nt signature required wi	hen reinstating)		
Afte	FILE NOW!!! FEE IS \$150.00					DATE	
Make Cliec	er May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o				 Election Campaign Finar Trust Fund Contribution. 		.00 May Be led to Fees
TITLE	PD OFFICERS AND		11.		ADDITIONS/CHANGES TO OFFICE		
NAME	MEJIA, JOSE G	☐ Delete	TITLE NAME			Change	
STREET ADDRESS CITY-ST-ZIP	2238 ŚW 34TH STREET FORT LAUDERDALE FL 33335		STREET ADD				
TITLE NAME		☐ Delete	TITLE				
STREET ADDRESS	عييات والمعدان معجوبين والانجازة بطبيعية بندائد	. سيدده ديد	NAME OFFICE AND TO		ا به العالم	☐ Change	☐ Addition {
CITY-ST-ZIP			STREET ADDR				
TITLE NAME		☐ Delete	TITLE			☐ Change	
STREET ADDRESS			NAME Street Addr	IFCC		Change	☐ Addition
CITY-ST-ZIP			CITY-ST-ZIP	1233			
NAME		☐ Delete	TITLE			☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRE	ESS			L_I Addition
TITLE		<u> </u>	CITY-ST-ZIP				
NAME		Delete	TITLE NAME			Change	Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRE	ss		_ •	
TITLE			CITY-ST-ZIP				
NAME		. Delete	TITLE NAME			☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRES	ss		-	
I2. I hereby cer	tify that the information supplied with the	is filing do	CITY-ST-ZIP				
indicated or of the corpo	tify that the information supplied with the his report or supplemental report is the ration or the receiver or trustee empower on an attachment with an address, with	is ming does not qualify for the and accurate and that my	the exemption s y signature shal	stated in Section I have the same	119.07(3)(i), Florida Statutes. I furth	er certify that the inf	formation
changed, or	ration or the receiver or trastee empowers on an attachment with an address, with	ered to execute this report a a all other like empowered.	s required by C	ii nave the same Chapter 607, Flori	legal effect as if made under oath; t da Statutes; and that my name appe	hat I am an officer o ears in Block 10 or F	ormation or director Block 11 if

Date