

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90024 010 ***150.00

DOCUMENT # P97000049727

1. Entity Name
DE-BEST CO.

Principal Place of Business

POWER SMOOTHIE
2331 S. UNIVERSITY # B
FT. LAUDERDALE FL 33324
US

Mailing Address

POWER SMOOTHIE
2331 S. UNIVERSITY # B
FT. LAUDERDALE FL 33324
US

2. Principal Place of Business

3. Mailing Address

2669 S. UNIVERSITY DR #385 DRIVE

DAVIE, FL #385

DAVIE, FL

33324 US



DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0760222

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LEVENTHAL, ANTHONY DK
~~2331 S. UNIVERSITY DR # B~~
~~FT LAUDERDALE FL 33324~~

Suite 385
2669 S. UNIVERSITY DR.
DAVIE, FL 33324

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

Anthony Leventhal

APRIL 22, 2002

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, 2002 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	D	<input type="checkbox"/> Delete
NAME	LEVENTHAL, ANTHONY MARC	
STREET ADDRESS	2331 S. UNIVERSITY DR. # B	
CITY-ST-ZIP	FT. LAUDERDALE FL 33324	
TITLE	D	<input type="checkbox"/> Delete
NAME	NYMAN, MICHAEL	
STREET ADDRESS	2331 S. UNIVERSITY DR. # B	
CITY-ST-ZIP	FT. LAUDERDALE FL 33324	
TITLE	ST	<input type="checkbox"/> Delete
NAME	FELKOWITZ, STEVEN A	
STREET ADDRESS	501 S ANDREWS AVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVENTHAL ANTHONY MARC	
STREET ADDRESS	2669 S. UNIVERSITY DR. #385	
CITY-ST-ZIP	DAVIE, FL 33324	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NYMAN, MICHAEL	
STREET ADDRESS	2669 S. UNIVERSITY DR. #385	
CITY-ST-ZIP	DAVIE, FL 33324	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **ANTHONY LEVENTHAL** *Am Leventhal*

April 22, 2002 954-484-5154

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)