

## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000054694

1. Entity Name

BEST VENDING SERVICES INC.

Principal Place of Business  
6330 NW 3RD ST  
MIAMI FL 33126

Mailing Address  
6330 NW 3RD ST  
MIAMI FL 33126

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

Country

6. Name and Address of Current Registered Agent

FULQUERI, GUILLERMO  
6330 NW 3RD ST  
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 renewing)

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, 2001 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  
FULQUERI, GUILLERMO  
6330 NW 3RD ST  
MIAMI FL 33126

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4000004575694  
-09/07/01--01099--021  
\*\*\*\*400.00 \*\*\*\*400.00  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VD  
FULQUERI, ELISA  
6330 NW 3RD ST  
MIAMI FL 33126

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
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CITY-ST-ZIP

Change  Addition

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Change  Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
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: *Guillermo Fulqueri* Guillermo Fulqueri 17-2-01 305-441-6605

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

07-06-2001 90209 029\*\*\*150.00

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FILED

01 SEP -4 AM 10: 30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

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