

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90245 003 ***150.00

DOCUMENT # P98000017835

1. Entity Name
AMERICA'S BEST SERVICE INC.



Principal Place of Business
1823 NE 15TH AVENUE
FORT LAUDERDALE FL 33305

Mailing Address
P.O. BOX 4760
FT LAUDERDALE FL 33338

2. Principal Place of Business

701 SOUTHWEST AVE.

Mailing Address

Suite, Apt. #, etc.

City & State

DELRI5 BROAD FLORIDA

City & State

FLORIDA

Zip

33444

Country

USA

Zip

Country

Country

Country

6. Name and Address of Current Registered Agent

LAZAR, DAVID
1823 N.E. 15TH AVENUE
FT LAUDERDALE FL 33305

LAZAR David
1869 N.E. 15TH AVE
FT-LA. FL 33305

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

DAVID

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	LAZAR, BETSALEL	
STREET ADDRESS	P.O. BOX 4760	
CITY-ST-ZIP	FT LAUDERDALE FL 33338	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LAZAR, DAVID	
STREET ADDRESS	P.O. BOX 4760	
CITY-ST-ZIP	FT LAUDERDALE FL 33338	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DAVID
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LAZAR **4.15.03** **561 272 5689**
Date Daytime Phone #

CR2E034 (10/02)