

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000018478

1. Entity Name  
**BEST FIRE SPRINKLER CORPORATION**

**FILED**  
**Sep 18, 2000 8:00 am**  
**Secretary of State**

09-18-2000 90005 032 \*\*\*558.75

Principal Place of Business  
PO BOX 471826  
MIAMI FL 33247-1826  
US

Mailing Address  
PO BOX 471826  
MIAMI FL 33247-1826  
US

B0106919



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**SAME**

3. Mailing Address  
**SAME**

Suite, Apt. #, etc.  
**SAME**

City & State  
**SAME**

Zip  
**SAME**

Country  
**SAME**

4. FEI Number **65-0818100**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**BOND, GEORGE L**  
**1071 NW 141ST ST**  
**MIAMI FL 33168**

7. Name and Address of New Registered Agent  
Name **JEFFRY BAXLEY**  
Street Address (P.O. Box Number is Not Acceptable)  
**4015 N.W. 193RD ST**  
**MIAMI**  
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 **Jeffrey Baxley** DATE **Sept 12, 2000**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>BOND, GEORGE L</b>	
STREET ADDRESS	<b>PO BOX 471826</b>	
CITY-ST-ZIP	<b>MIAMI FL 33247-1826</b>	
TITLE	<b>PRESIDENT</b>	<input type="checkbox"/> Delete
NAME	<b>BRUNDA SMITH</b>	
STREET ADDRESS	<b>P.O. BOX 471826</b>	
CITY-ST-ZIP	<b>MIAMI FL 33247-1826</b>	
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		

12. 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
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: **Signature Required** Date **9-12-00** Daytime Phone # **305-835-8101**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR 04 15/00