

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000019543

1. Entity Name

GA BEST INSURANCE AND FINANCIAL SERVICES, INC.

FILED

May 04, 2001 8:00 am
Secretary of State

05-04-2001 90091 026 ***150.00

Principal Place of Business

256 REINETTE DR
MIAMI FL 33166

Mailing Address

256 REINETTE DR
MIAMI FL 33166

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 65-0825956

Applied For

Not Applicable

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

GARZON, MARIO
8180 NORTHWEST 36TH STREET
MIAMI FL 33166

Name

MARIO GARZON

Street Address (P.O. Box Number is Not Acceptable)

256 REINETTE DR

City

MIAMI SPRINGS, FL

Zip Code

33166

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/01

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 P
NAME GARZON, MARIO ☒ Delete
STREET ADDRESS 8180 NORTHWEST 36TH STREET
CITY-ST-ZIP MIAMI FL 33166

TITLE PRESIDENT. ☒ Change ☐ Addition
NAME MARIO GARZON.
STREET ADDRESS 256 REINETTE DR
CITY-ST-ZIP MIAMI SPRINGS FL 33166

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VICE PRESIDENT. ☐ Change ☒ Addition
NAME CLARA GARZON.
STREET ADDRESS 256 REINETTE DR.
CITY-ST-ZIP MIAMI SPRINGS FL 33166.

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

MARIO GARZON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/24/01

Daytime Phone #

305-8856858

CR2E034 (10/00)