

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90037 026 ***150.00

030319

DOCUMENT # P98000022019

1. Entity Name

BEST MADE ENTERPRISES, INC.

Principal Place of Business

Mailing Address

1002 S. 22ND ST.
TAMPA FL 33605

1002 S. 22ND ST.
TAMPA FL 33605

D0016775



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4133 Causeway Blvd

4133 Causeway Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tampa, FL

Tampa, FL

Zip

Country

Zip

Country

33619

U.S.

33619

U.S.

4. FEI Number

59-3498525

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

FLORES, PABLO A
1002 S. 22ND ST.
TAMPA FL 33605

Name **Pablo A. Flores**

Street Address (P.O. Box Number is Not Acceptable)
1611 S. 45th St.

City **Tampa**

FL

Zip Code **33619**

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 _____ (NOTE: Registered Agent signature required when reinstating) 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 **PSTD** ☐ Delete
NAME **FLORES, PABLO A**
STREET ADDRESS **1002 S. 22ND ST.**
CITY-ST-ZIP **TAMPA FL 33605**

TITLE **PD** ☒ Change ☐ Addition
NAME **Pablo A. Flores**
STREET ADDRESS **1611 S. 45th St.**
CITY-ST-ZIP **Tampa, FL 33619**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TS** ☐ Change ☒ Addition
NAME **Karen D. Flores**
STREET ADDRESS **1611 S. 45th St.**
CITY-ST-ZIP **Tampa, FL 33619**

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
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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 **Karen D. Flores** **02/06/01** **813-248-5264**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)