

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90104 041 \*\*\*150.00

DOCUMENT # P98000042899

1. Entity Name  
**BEST MEDI, CORP.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**7171 Coral Way**  
Suite, Apt. #, etc.  
**Ste 319**

3. Mailing Address  
**7171 Coral Way**  
Suite, Apt. #, etc.  
**Ste 319**

DO NOT WRITE IN THIS SPACE

City & State  
**Miami FL**

City & State  
**Miami FL**

4. FEI Number  
**65-0834352**

Applied For  
Not Applicable

Zip  
**33155**  
Country  
**U.S.A.**

Zip  
**33155**  
Country  
**U.S.A.**

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**January 1 - May 1: Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PSD**  
**Crespo, Estrella**  
**7171 Coral Way Ste 319**  
**Miami FL 33155**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VTD**  
**Perez, Jose Amado**  
**7171 Coral Way Ste 319**  
**Miami FL 33155**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VD**  
**Sarduy, Pedro S**  
**7171 Coral Way Ste 319**  
**Miami FL 33155**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Calls

Daytime Phone #