

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000047587

1. Entity Name

BEST VISION CORP.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90144 017 ***150.00

Principal Place of Business

Mailing Address

631 NW 82 AVE
#210
MIAMI FL 33126
US

631 NW 82 AVE
#210
MIAMI FL 33126-6906
US

AU033434



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4283 SW 161 PL

4283 SW 161 PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MIAMI FL

MIAMI FL

City & State

City & State

4. FEI Number

65-0839142

Applied For

Not Applicable

Zip

Country

33185

USA

Zip

Country

33185

USA

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

MARTIN, EVELIO F
631 NW 82 AVE
#210
MIAMI FL 33126

Name

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

4283 SW 161 PL

City Miami

FL

Zip Code

33185

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 reinstating)

DATE

3/28/00

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, 2000 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 MARTIN, EVELIO F
STREET ADDRESS 631 NW 82 AVE #210
CITY-ST-ZIP MIAMI FL 33126 ☐ Delete

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

TITLE VP
NAME MARTIN, ESTRELLA F
STREET ADDRESS 631 NW 82 AVE #210
CITY-ST-ZIP MIAMI FL 33126 ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/28/00 (305) 826-0702

CR2E034 (9/99)