

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90050 016 ***150.00

DOCUMENT # P98000051595

1. Entity Name

BEST BACKHOE SERVICES, INC.

Principal Place of Business

Mailing Address

**5430 NW 168 TERR
 OPA LOCKA FL 33055**

**PO BOX 848235
 HOLLYWOOD FL 33084**

2. Principal Place of Business

3. Mailing Address

5501 SW 55 Ave N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Davie, FL

Zip

Country

Zip

Country

33314

USA

4. FEI Number

65-0841773

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

ZERO, SHAWN R

10060 SHERIDAN ST.

STE #109

HOLLYWOOD FL 33024

Name

Zero, Shawn R

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

5501 SW 55 Ave N

City

Davie

FL

Zip Code

33314

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

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, 2002 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	<input type="checkbox"/> Delete
NAME	ZERO, SHAWN R	
STREET ADDRESS	5430 NW 168 TERR	
CITY-ST-ZIP	OPA LOCKA FL 33055	
TITLE	S	<input type="checkbox"/> Delete
NAME	ZERO, DANIELLE	
STREET ADDRESS	5430 NW 168 TERR	
CITY-ST-ZIP	OPA LOCKA FL 33055	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Zero, Shawn R	
STREET ADDRESS	5501 SW 55 Ave N	
CITY-ST-ZIP	Davie, FL 33314	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Zero, Danielle	
STREET ADDRESS	5501 SW 55 Ave N	
CITY-ST-ZIP	Davie, FL 33314	
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:

Danielle Zero
Danielle Zero (Secretary)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-02 (954) 321-6844

Date

Daytime Phone #

CR2E034 (9/01)