

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

FILED
Aug 05, 2002 8:00 am
Secretary of State

08-05-2002 90001 012 ***150.00

DOCUMENT # P98000061114

1. Entity Name

BEST CONSTRUCTION MATERIALS & SYSTEMS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11325 ISLAND LAKES LN

Suite, Apt. #, etc.

3. Mailing Address

11325 ISLAND LAKES LN

Suite, Apt. #, etc.

B0133539

DO NOT WRITE IN THIS SPACE

City & State

BOCA RATON, FL.

City & State

BOCA RATON, FL.

4. FEI Number

65-0846408

Applied For

Not Applicable

Zip

33498

Country

USA

Zip

33498

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

DONALD M. ALLISON

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

NAT'L FEDERAL HWY, SUITE 300

City

BOCA RATON

FL

Zip Code

33432

**DO NOT WRITE
IN THIS SPACE**

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 re-registering)

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

PRESIDENT

STREET ADDRESS
CITY-STATE-ZIP

DONALD VILARIN
11325 ISLAND LAKES LN.
BOCA RATON, FL. 33498

TITLE
NAME

STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME

STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME

STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME

STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME

STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME

STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME

STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME

STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME

STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME

STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME

STREET ADDRESS
CITY-STATE-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 a other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07.02.2002 561.470.7625

Date

Daytime Phone #

CR2E034B (12/01)