

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

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90362 028 ***150.00

DOCUMENT # **798000083518** ✓
1. Entity Name **BEST REP INC.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2635 SW 74 TERR Suite, Apt. #, etc.	3. Mailing Address 2635 SW 74 TERR Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State DAVIE FL	City & State DAVIE FL	4. FEI Number 31-1618641	Applied For <input type="checkbox"/>
Zip 33314	Country BROWARD	Zip 33314	Country BROWARD
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **BARRY KATZ**

Street Address (P.O. Box Number is Not Acceptable)
2635 SW 74 TERRACE

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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP PRESIDENT BARRY KATZ 2635 SW 74 TERR DAVIE, FL 33314	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP VP/SECT FERN KATZ 2635 SW 74 TERR DAVIE, FL 33314	TITLE NAME STREET ADDRESS CITY - ST - ZIP
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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 all other like empowered.

SIGNATURE: **Fern Katz**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02

Date

954.473.0372

Daytime Phone #