

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000087073

1. Entity Name

BEST COMPUTER CORP.

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

05-03-2000 90078 048 ***158.75

Principal Place of Business

12400 SW 134 CT
BAY 12
MIAMI FL 33186
US

Mailing Address

9737 N.W. 41ST STREET
#271
MIAMI FL 33178-2924
US

2. Principal Place of Business

3. Mailing Address

13501 SW 128 St

13501 SW 128 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE # 117

SUITE # 117

City & State

City & State

MIAMI-FLORIDA

MIAMI-FLORIDA

Zip

Country

Zip

Country

33186

USA

33186

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ESPINAL, RAMON
9737 N.W. 41ST STREET
MIAMI FL 33166

Name

N/A

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 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, 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 PSVT ☐ Delete
NAME ESPINAL, RAMON
STREET ADDRESS 9737 N.W. 41ST STREET
CITY-ST-ZIP MIAMI FL 33166

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP N/A

TITLE D ☐ Delete
NAME ESPINAL, RAMON
STREET ADDRESS 9737 N.W. 41ST STREET
CITY-ST-ZIP MIAMI FL 33166

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP N/A

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP N/A

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP N/A

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:

Ramon Espinal
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/22/00

Date

305-278-8343

Daytime Phone #

CR21 (X4) (9/98)