

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000087073

1. Entity Name

BEST COMPUTER CORP.**FILED**
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90364 019 ***158.75

Principal Place of Business

13501 SW 128 ST
STE 117
MIAMI FL 33186
US

Mailing Address

13501 SW 128 ST
STE 117
MIAMI FL 33186
US

2. Principal Place of Business

13351 SW 131 ST
Suite, Apt. #, etc.

3. Mailing Address

13351 SW 131 ST
Suite, Apt. #, etc.

City & State

MIAMI-FL

Zip

33186

Country

USA

City & State

MIAMI-FL

Zip

33186

Country

4. FEI Number 65-0868220

Applied For

Not Applicable

5. Certificate of Status Desired ☒\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAMON ESPINAL

04/09/2001 (305) 2788343

Date

Daytime Phone #

CR2E034 (10/00)