

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000104516

1. Entity Name

BEST MANUFACTURING GROUP, INC.

**FILED**  
**Apr 06, 2000 8:00 am**  
**Secretary of State**

04-06-2000 90060 016 \*\*\*158.75

Principal Place of Business

Mailing Address

639 NIGHTHAWK CIR  
WINTER SPRINGS FL 32708

639 NIGHTHAWK CIR  
WINTER SPRINGS FL 32708-2371

2. Principal Place of Business

3. Mailing Address

3056 TIMPANA POINT  
Suite, Apt. #, etc.

3056 TIMPANA POINT  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Longwood, FL

Longwood, FL

4. FEI Number

59-3545604

Applied For

Not Applicable

Zip

Country

32779 USA

Zip

Country

32779 USA

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

MUNIZ, HERMAN A  
639 NIGHTHAWK CIRCLE  
WINTER SPRINGS FL 32708

Name

HERMAN A. MUNIZ

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

3056 TIMPANA POINT

City

Longwood

FL

Zip Code

32779

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

HERMAN A. MUNIZ, PRES.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3-31-00

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 P ☐ Delete  
NAME MUNIZ, HERMAN A  
STREET ADDRESS 639 NIGHTHAWK CIRCLE  
CITY-ST-ZIP WINTER SPRINGS FL 32708

TITLE ☒ Change ☐ Addition  
NAME 3056 TIMPANA POINT  
STREET ADDRESS LONGWOOD, FL 32779  
CITY-ST-ZIP

TITLE VP ☐ Delete  
NAME MUNIZ, PEGGY  
STREET ADDRESS 639 NIGHTHAWK CIRCLE  
CITY-ST-ZIP WINTER SPRINGS FL 32708

TITLE ☒ Change ☐ Addition  
NAME 3056 TIMPANA POINT  
STREET ADDRESS LONGWOOD, FL 32779  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Signature Required*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-00

407-805-8858

Date

Daytime Phone #