

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *P99000007490*
1. Entity Name *Best Price Home Sales Inc*

FILED
02 OCT 18 AM 11:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>3011 NW 14th</i>		3. Mailing Address <i>3011 NW 14th</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>MIAMI FL</i>		City & State <i>MIAMI</i>	
Zip <i>33125</i>	Country <i>USA</i>	Zip <i>33125</i>	Country <i>USA</i>

REINSTATEMENT

4. FEI Number *650889368* Applied For Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name *William Porto*
Street Address (P.O. Box Number is Not Acceptable)
3011 NW 14th
City *MIAMI* FL Zip Code *33125*

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]* (NOTE: Registered Agent signature required when reinstating) DATE *10/12/02*

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
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 STREET ADDRESS CITY - ST - ZIP	<i>PRESIDENT WILLIAM PORTO 3011 NW 14th MIAMI FL 33125</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>600008704226 10/30/02--01095--025 **8.75</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>VICE PRESIDENT EMILIO GARCIA 17525 NW BIRCH MIAMI FL 33015</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>600008704226 10/30/02--01095--025 **750.00</i>
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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: *[Signature]* *WILLIAM PORTO PRESIDENT* DATE *10/12/02*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #