

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000008638

1. Entity Name

BEST MANAGING SERVICES, INC.

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90111 014 ***150.00

Principal Place of Business

Mailing Address

14822 NW 87TH PLACE
MIAMI FL 33018

14822 NW 87TH PLACE
MIAMI FL 33018-1397

2. Principal Place of Business

3. Mailing Address

9535 SW 45 Terr.

9535 SW 45 Terr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0967591

Applied For

Not Applicable

Zip

33156

Country

US

Zip

33156

Country

US

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

GONZALEZ, LEONARDO
14822 NW 87TH PLACE
MIAMI FL 33018

Name

Betty Batista

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

9535 SW 45 Terr

City

Miami

FL

Zip Code

33156

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

4/27/00

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PTSD
GONZALEZ, LEONARDO
14822 NW 87TH PLACE
MIAMI FL 33018 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTSD
Batista, Betty
9535 SW 45 Terr.
Miami, FL 33156 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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

4/27/00

Date

(305) 205-4800

Daytime Phone #

CR2E034 (9/99)