

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 11, 2002 8:00 am
Secretary of State

0086945 AV

DOCUMENT # **P99000013910**

1. Entity Name
BEST RATE INTERNATIONAL, INC.

08-11-2002 90172 037 ***558.75



DO NOT WRITE IN THIS SPACE

Principal Place of Business 10392 CANOE BROOK CIR BOCA RATON FL 33498	Mailing Address 10392 CANOE BROOK CIR BOCA RATON FL 33498
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2. Principal Place of Business 3350 NW BOCA RATON BLVD Suite, Apt. #, etc. SUITE A26	3. Mailing Address → SAME Suite, Apt. #, etc.
City & State BOCA RATON, FL	City & State
Zip 33431	Country USA

4. FEI Number 65-0894623	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAW OFFICES OF JONATHAN BLOOM, P.A.
21845 POWERLINE RD, SUITE 207
BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name
RANDY FORMAN, BESTRATE /NTL

Street Address (P.O. Box Number is Not Acceptable)
3350 NW BOCA RATON BLVD

SUITE A26

City
BOCA RATON FL Zip Code
33431

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE DATE **8/6/02**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$550.00 After September 13, 2002 Fee will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FORMAN, RANDY 10392 CANOE BROOK CIR BOCA RATON FL 33498 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RANDY FORMAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3350 NW BOCA RATON BLVD BOCA RATON, FL 33431 SUITE A26
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **8/6/02 800-203-0008**

CR2E034 (4/02)