

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

08-11-2002 90172 037 \*\*\*558.75

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**DOCUMENT # P99000013910**

1. Entity Name  
**BEST RATE INTERNATIONAL, INC.**

Principal Place of Business  
 10392 CANOE BROOK CIR  
 BOCA RATON FL 33498

Mailing Address  
 10392 CANOE BROOK CIR  
 BOCA RATON FL 33498



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**3350 NW BOCA RATON BLVD** → **SAME**  
 Suite, Apt. #, etc.  
**SUITE A26**  
 City & State  
**BOCA RATON, FL**  
 Zip  
**33431** Country  
**USA**

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip  
 Country

4. FEI Number **65-0894623**  
 Applied For  
 Not Applicable  
 5. Certificate of Status Desired ☒ **\$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 *[Signature]*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **8/6/02**

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 \$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. ☐ **\$5.00** May Be Added to Fees

## 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	<b>RANDY FORMAN</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3350 NW BOCA RATON BLVD</b> <b>BOCA RATON, FL 33431</b> <b>SUITE A26</b>
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: *[Signature]* **SIGNATURE REQUIRED**

DATE **8/6/02** 800-203-0008

CR2E034 (4/02)