

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000021484

1. Entity Name
BEST EXPECTATIONS, INC.

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90088 032 ***150.00

Principal Place of Business
**1601 BISCAYNE BLVD
MIAMI FL 33132**

Mailing Address
**9440 SW 136 STREET
MIAMI FL 33176**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1756 N. Bayshore Dr.

3. Mailing Address

Suite, Apt. #, etc.
123

Suite, Apt. #, etc.

City & State
Miami, FL

City & State

Zip
33132

Country
USA

Zip

Country

4. FEI Number **65-0913049**

Apply For
Not Applicable

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

**MONZON, OLGA
1601 BISCAYNE BLVD
MIAMI FL 33132**

Name
ELIZABETH MONZON

Street Address (P.O. Box Number is Not Acceptable)
1756 N Bayshore Dr.

Unit #123

City
miami

FL Zip Code
33132

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

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, 2001 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 : 1

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
MONZON, OLGA
1601 BISCAYNE BLVD
MIAMI FL 33132** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
MONZON, ELIZABETH
1756 N. BAYSHORE DR.
MIAMI FL 33132** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VTD
MONZON, ELIZABETH
1601 BISCAYNE BLVD
MIAMI FL 33132** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VTD
monzon, Olga
1756 N. Bayshore Dr.
miami, FL 33132** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

TITLE
NAME
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

DATE **4/16/01** (786) 924-0460
Daytime Phone #

CR2E034 (10/00)