

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

0223065
AV

DOCUMENT # P99000021484

1. Entity Name
BEST EXPECTATIONS, INC.



05-01-2003 90319 049 ***150.00



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business
1756 N BAYSHORE DRIVE
MIAMI FL 33132
US

Mailing Address
1756 N BAYSHORE DRIVE
MIAMI FL 33132
US

2. Principal Place of Business
1756 N Bayshore dr.
Suite, Apt. #, etc.
#123

3. Mailing Address
Suite, Apt. #, etc.

City & State
miami, FL

City & State

Zip
33132

Country
USA

Zip

Country

4. FEI Number 65-0913049

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MONZON, ELIZABETH
1756 N BAYSHORE DRIVE
UNIT #123
MIAMI FL 33132

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MONZON, ELIZABETH 1756 N BAYSHORE DRIVE MIAMI FL 33132	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *SIGNATURE REQUIRED*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/03 786 253-1190
Date Daytime Phone #

CR2E034 (10/02)