

2000 UNIFORM BUSINESS REPORT (UBR)

4/10/00 10:00 AM

DOCUMENT # P99000030267

1. Entity Name

BEST SELF STORAGE FACILITY, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

04-19-2000 90106 003 ***150.00

Principal Place of Business

13255 SW 137TH AVENUE SUITE 100
MIAMI FL 33186

Mailing Address

13255 SW 137TH AVENUE SUITE 100
MIAMI FL 33186-5328

2. Principal Place of Business

3. Mailing Address

13205 SW 137 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE # 101

City & State

City & State

MIAMI 33186

Zip

Country

Zip

Country

FL

DADE

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHERRY, ROBERT

13255 SW 137TH AVENUE SUITE 100
MIAMI FL 33186

Name

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

13205 SW 137 AVE

SUITE # 101

City

MIAMI

FL

Zip Code

33186

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, 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 PD
NAME SHERRY, ROBERT
STREET ADDRESS 13255 SW 137TH AVENUE SUITE 100
CITY-ST-ZIP MIAMI FL 33186

☐ Delete

TITLE
NAME
STREET ADDRESS 13205 SW 137 AVE #101
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE
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☐ 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

Daytime Phone #

4/10/00

305-233-3100

CR2E034 (9/99)