

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90001 028 ***150.00

DOCUMENT # P99000034168

1. Entity Name

BEST FORMS INTERNATIONAL TRADING INC.

Principal Place of Business

Mailing Address

S.W. 156TH PLACE

8611 S.W. 156TH PLACE

#313

MIAMI FL 33193-1256

FL 33193

912123

2. Principal Place of Business

3. Mailing Address

1671 West 37th St

1671 West 37th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#9

#9

City & State
 Hialeah, Florida

City & State
 Hialeah, Florida

4. FEI Number
 65-0910831

Applied For

Not Applicable

Zip
 33012

Country
 DADE

Zip
 33012

Country
 DADE

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

MONTOYA, JOHN J
 8611 S.W. 156TH PLACE
 #313
 MIAMI FL 33193

Name
 Montoya, John J.

Street Address (P.O. Box Number is Not Acceptable)
 1671 West 37th Street
 #9

City
 Hialeah

FL Zip Code
 33012

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

1/28/2000

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 NAME STREET ADDRESS CITY-ST-ZIP	D MONTOYA, JOHN H 8611 S.W. 156TH PLACE MIAMI FL 33193	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.S.T.D MONTOYA, JOHN H 1671 West 37th St. #9 HIALEAH, FLORIDA 33012	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President
 JOHN H. MONTOYA

1/28/2000

Date

Daytime Phone #

CR2E034 (9/99)