

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90286 012 \*\*\*150.00

**DOCUMENT # P990000 37527**

1. Entity Name

*Best Boat Care, Corp.*

Principal Place of Business

Mailing Address

*5607 W 28 Ave.  
 Hialeah, FL, 33016*

*5607 W 28 Ave.  
 Hialeah, FL, 33016*

**A0061479**

2. Principal Place of Business

*2461 West 76 Street*

3. Mailing Address

*2461 West 76 Street*

Suite, Apt. #, etc.

*206*

Suite, Apt. #, etc.

*206*

City & State

*Hialeah, Florida*

City & State

*Hialeah, Florida*

4. FEI Number

*65-0914244*

Applied For

Not Applicable

Zip

*33016*

Country

*U.S.A.*

Zip

*33016*

Country

*U.S.A.*

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

*Carmen Parra  
 5607 W. 28 Ave.  
 Hialeah, FL, 33016*

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.

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

TITLE	<i>D</i>	<i>Carmen Parra</i>	<input type="checkbox"/> Delete
NAME		<i>5607 West 28 Ave.</i>	
STREET ADDRESS		<i>Hialeah, FL, 33016</i>	
CITY-ST-ZIP			
TITLE		<i>Yasit Sanchez</i>	<input checked="" type="checkbox"/> Delete
NAME		<i>5607 W 28 Ave</i>	
STREET ADDRESS		<i>Hialeah, FL, 33016</i>	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
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CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/24/00*

Date

*305-827-6767*

Daytime Phone #

CR2E034 (9/99)

#P990000  
A0061479

April-27-2000

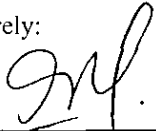
TO; 2000 UNIFORM BUSINESS REPORT (UBR)

From: BEST BOAT CARE, CORP.

To Whom it may Concern;

The present note is for send a copy of model for Renew Corporation, I NOT RECEIVED ORIGINAL DOCUMENT. AND ATTACHED FOTOCOPY OF MODEL. And Check payable to DEPARTMENT OF STATE for renew of corporation.

Sincerely:



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CARMEN PARRA  
PRESIDENT.