

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**  
 04-27-2001 90261 004 \*\*\*158.75

0613959

**DOCUMENT # P99000081986**

1. Entity Name

**BEST WAY MOTORS INC.**

Principal Place of Business

1045 AMELIA AVE.  
 ORLANDO FL 32805

Mailing Address

1045 AMELIA AVE.  
 ORLANDO FL 32805

2. Principal Place of Business

1694 Sunset Dr

3. Mailing Address

1694 Sunset Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Longwood FL

City & State

Longwood FL

4. FEI Number

59-3594804

Applied For

Not Applicable

Zip

32750

Country

Seminole

Zip

32750

Country

Seminole

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

**PEREZ, LEVITT**  
**138 CORALWOOD CIRCLE**  
**KISSIMMEE FL 34743**

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, 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 11

TITLE **D** ☐ Delete  
 NAME **PADRON, RICARDO**  
 STREET ADDRESS **797 COACH LIGHT DR.**  
 CITY-ST-ZIP **FERN PARK FL 32730**

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

TITLE **DS** ☒ Delete  
 NAME **HEWITT, ROBERT C**  
 STREET ADDRESS **1406 SOVEREIGN CT.**  
 CITY-ST-ZIP **ORLANDO FL 32804**

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

TITLE **DS** ☐ Delete  
 NAME **MARI CANNATA**  
 STREET ADDRESS **721 COACH LIGHT DR**  
 CITY-ST-ZIP **FERN PARK FL 32730**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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:**

*Ricardo Padron*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-01

Date

407-4021792

Daytime Phone #

CR2E034 (10/00)