

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90244 001 \*\*\*150.00  
05-20-2002 90244 002 \*\*\*\*\*8.75

DOCUMENT # P99000081986

1. Entity Name

BEST WAY MOTORS, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1694 Sunset Drive

Suite, Apt. #, etc.

3. Mailing Address

1694 Sunset Drive

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Longwood, FL

City & State

Longwood, FL

4. FEI Number

593594804

Applied For

Not Applicable

Zip

32750

Country

U.S.A.

Zip

32750

Country

U.S.A.

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Perez Levitt

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

138 Coralwood Circle

City

Kissimmee

FL

Zip Code

34743

**DO NOT WRITE  
IN THIS SPACE**

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)

☐

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution.

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Padron, Ricardo 797 Coachlight Dr. Fern Park, FL 32730
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Cannata, Mari 721 Coachlight Dr. Fern Park, FL 32730
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**DO NOT WRITE  
IN THIS SPACE**

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 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 #

CR2E034B (12/01)

407-888 8170

031402