

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000098029

1. Entity Name

BEST POINT CORPORATION

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90022 011 ***550.00

Principal Place of Business

111 GUAYMAS DRIVE
 KISSIMMEE FL 34743-9222

Mailing Address

111 GUAYMAS DRIVE
 KISSIMMEE FL 34743-9222

2. Principal Place of Business

6128 RALEIGH ST

3. Mailing Address

6128 RALEIGH ST

Suite, Apt. #, etc.

APT. 1109

Suite, Apt. #, etc.

APT. 1109

City & State

Orlando Florida

City & State

Orlando Florida

4. FEI Number

59-3606080

Applied For

Not Applicable

Zip

32835

Country

ORANGE

Zip

32835

Country

ORANGE

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

DA SILVA, ENEDINA A
 111 GUAYMAS DRIVE
 KISSIMMEE FL 34743-9222

7. Name and Address of New Registered Agent

Name

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

6128 Raleigh St Apt. 1109

City

Orlando

FL

Zip Code

32835

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ☐ Delete
 NAME D
 STREET ADDRESS DA SILVA, ENEDINA A
 CITY-ST-ZIP 111 GUAYMAS DRIVE
 KISSIMMEE FL 34743-9222

TITLE ☐ Delete
 NAME D
 STREET ADDRESS DE ARRUDA, PAULO M
 CITY-ST-ZIP 111 GUAYMAS DRIVE
 KISSIMMEE FL 34743-9222

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME President
 STREET ADDRESS 6128 Raleigh St Apt. 1109
 CITY-ST-ZIP Orlando FL 32835

TITLE ☒ Change ☐ Addition
 NAME Secretary & V. Presat
 STREET ADDRESS 6128 Raleigh St, Apt. 1109
 CITY-ST-ZIP Orlando FL 32835

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

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

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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: 

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/19/00

Date

407-521-6239

Daytime Phone #

CR2E034 (5/00)