

1. Entity Name

BEST COMPUTER SOLUTION CORP.

May 01, 2000 8:00 am
Secretary of State

02-21-2000 90020 037 ***150.00

Principal Place of Business

2451 NW 72ND AVE.
MIAMI FL 33122

Mailing Address

2451 NW 72ND AVE.
MIAMI FL 33122

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0967558

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FRANCISCO, MARIO
2730 W. 76TH ST., APT. 202
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 is required when re-registering)

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 State10. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees

11.

OFFICERS AND DIRECTORS

☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPPD
PENA, ELDUIN
941 NE 73RD ST.
MIAMI FL 33138☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPVD
FRANCISCO, MARIO
2730 W. 76TH ST., APT. 202
HIALEAH FL 33016☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPSD
ZALDIVAR, RAUL
3901 SW 62ND CT.
MIAMI FL 33155☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change☐ AdditionTITLE
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NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change☐ AdditionTITLE
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 another like empowered.

SIGNATURE:

2/14/00 (305) 477-1000
Filing Date Filing Phone #

CR2ED34 (9/99)