

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000107162

1. Entity Name

BEST COMPUTER SOLUTION CORP.

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

6995 N.W. 82 Ave

3. Mailing Address

3901 SW 62 ct

Suite, Apt. #, etc.

Bay 33

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami, FL

Zip

33166

Country

USA

Zip

33155

Country

U.S.A

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 Raul M. Zaldivar

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

3901 SW 62 ct

City

Miami

FL

Zip Code

33155

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

Raul M. Zaldivar

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/8/01

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	PENA, ELDUIN	
STREET ADDRESS	941 NE 73RD ST.	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	FRANCISCO, MARIO	
STREET ADDRESS	2730 W. 76TH ST., APT. 202	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ZALDIVAR, RAUL	
STREET ADDRESS	3901 SW 62ND CT.	
CITY-ST-ZIP	MIAMI FL 33155	
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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Raul - Zaldivar	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D. Secretary, President, Treasurer	
STREET ADDRESS	3901 SW 62 ct Miami, FL 33155	
CITY-ST-ZIP		
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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Raul M. Zaldivar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/8/01 (305) 477-1000

Daytime Phone #



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)