

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

S 44228

1. Entity Name

BEST UNION, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90948 007 ***150.00

Principal Place of Business

Mailing Address

P.O. BOX 960308
MIAMI, FL 33296-0308
US

P.O. BOX 960308
MIAMI, FL. 33296-0308
US

2. Principal Place of Business

12515 N. KENDALL DR.

3. Mailing Address

12515 N. KENDALL DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 328

SUITE 328

City & State

City & State

MIAMI, FLORIDA

MIAMI, FLORIDA

Zip

Country

Zip

Country

33186

U.S.A.

33186

U.S.A.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAMILTON, MARIA P., ESQ.
1570 MADRUGA AVE.
SUITE 214
CORAL GABLES, FL. 33146

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, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
BALESTENA, ANTONIO
12515 N. KENDALL DR. SUITE 328
MIAMI, FL. 33186

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VST
FERNANDEZ, JORGE
832 CORAL WAY
CORAL GABLES, FL.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
FERNANDEZ, LUIS
832 CORAL WAY
CORAL GABLES, FL.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

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:

ANTONIO BALESTENA

4-26-00

(305) 598-0053

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)