

2000 UNIFORM BUSINESS REPORT (UBR)

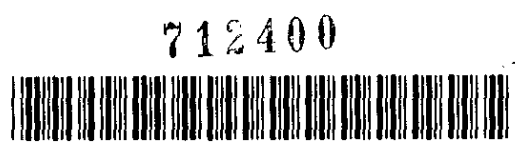
DOCUMENT # S90155

Entity Name
BEST INVESTMENTS OF DADE INC.

FILED
Feb 14, 2000 8:00 am
Secretary of State
02-14-2000 90051 001 ***150.00

Principal Place of Business Mailing Address
ALEXANDRIA DRIVE 12871 ALEXANDRIA DRIVE
LOCKA FL 33054 OPA LOCKA FL 33054-4742

Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country



4. FEI Number 65-0328464 Applied For
Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GONZALEZ, EDELIO R.
12871 ALEXANDRIA DR.
OPA LOCKA FL 33054

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

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	TITLE	NAME	STREET ADDRESS CITY-ST-ZIP
PST	GONZALEZ, EDELIO R.	220 S ROYAL POINCIANA BL MIAMI SPRINGS FL			
D	GONZALEZ, EDELIO R.	220 S ROYAL POINCIANA BL MIAMI SPRINGS FL			

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: 2-4-00 Date Daytime Phone #