

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18000027120

Entity Name: MIA BEST CARE CORP.

Current Principal Place of Business:

1425 SW 27 AVE
MIAMI, FL 33145

Current Mailing Address:

1425 SW 27 AVE
MIAMI, FL 33145 US

FEI Number: 82-4863031

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PUENTES, LUCIANO
1425 SW 27 AVE
MIAMI, FL 33145 US

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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name PUENTES, LUCIANO
Address 5690 SW 72 AVE
City-State-Zip: MIAMI FL 33143

Title VP
Name GONZALEZ, YULEIDY
Address 9015 SW 202 TERR
City-State-Zip: CUTLER BAY FL 33189

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LUCIANO PUENTES

PRESIDENT

03/06/2023

Electronic Signature of Signing Officer/Director Detail

Date