

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P20000012900

Entity Name: BEST CARE PLAN 4 YOU, CORP.

Current Principal Place of Business:

8175 NW 12TH ST
STE 100
DORAL, FL 33126

Current Mailing Address:

13611 SW 182ND ST
MIAMI, FL 33177 US

FEI Number: 85-0593226

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEON CABRERA, MIRLIANI
13611 SW 182ND ST
MIAMI, FL 33177 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 LEON CABRERA, MIRLIANI
Address 13611 SW 182ND ST
City-State-Zip: MIAMI FL 33177

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: MIRLIANI LEON CABRERA

PRESIDENT

01/27/2021

Electronic Signature of Signing Officer/Director Detail

Date