2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2000 8:00 am
Secretary of State
04-06-2000 90008 037 ***150.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # M47558

1. Entity Name

SUPERIOR PLASTERING INC.

Principal Place of Business	Mailing Address
9503 SW 1ST PLACE CORAL SPRINGS FL 33071 US	9503 SW 1ST PLACE CORAL SPRINGS FL 33071-7399 US

2. Principal Place of Business	3. Mailing Address
9321 Buckhead Ct	9321 Buckhead Ct
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Windermere FL	City & State: Windermere FL
Zip: 34786-5602 Country:	Zip: 34786-5602 Country:

4. FEI Number 59-2772212 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WARREN, J. E.
711 N W 71ST AVE
PLANTATION FL 33319

7. Name and Address of New Registered Agent

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 ______ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	MARTEL, YVES		NAME		
STREET ADDRESS	2618 SW ACE RD.		STREET ADDRESS		
CITY-ST-ZIP	PT. ST. LUCIE FL 34953		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE		☑ Change ☐ Addition
NAME	LOISELLE, SYLVAIN		NAME		
STREET ADDRESS	5303 N.W. 109 LANE		STREET ADDRESS	9321 Buckhead Ct	
CITY-ST-ZIP	CORAL SPRINGS FL 33076		CITY-ST-ZIP	Windermere FL 34786-5602	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (9/99)

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: [signature] Sylvain Loiselle 3.12.00 407-876-5338
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #