## 2003 FOR PROFIT CORPORATION

## Feb 27, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** P97000012427 **DOCUMENT #** 1. Entity Name 02-27-2003 90158 045 \*\*\*150.00 SUPERBELT INTERNATIONAL CORP. Principal Place of Business Mailing Address 441 S. STATE ROAD 7 441 S. STATE ROAD 7 SUITE 15 SUITE 15 MARGATE FL 33068 MARGATE FL 33068 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0735142 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MILGAM, MARIO Street Address (P.O. Box Number is Not Acceptable) 1014 EAST 17TH ST HIALEAH FL 33010 City 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. I am familiar with, and accept **SJGNATURE** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition MILGAM, MARIO NAME NAME STREET ADDRESS 1014 EAST 17TH ST STREET ADDRESS HIALEAH FL 33010 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST., 7IP 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 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

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 antal 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 frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information indicated on this report or supplen of the corporation or the receiver changed, or on an attachmen

STREET ADDRESS

CITY-ST-7IP

TITLE

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

☐ Delete

☐ Change

☐ Addition

FILED