

2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 19, 2000 8:00 am Secretary of State

05-19-2000 90008 024 ***150.00

DOCUMENT # P97000060660

1. Entity Name

Superb Enterprises, Inc.

Principal Place of Business

Mailing Address

16940 NE 19th Av
No Miami Beach FL
33162

9946 NW 49th Terr
Miami FL 33178

80089159

2. Principal Place of Business

16940 NE 19th Av

3. Mailing Address

9946 NW 49 Terr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0767918

Applied For

Not Applicable

Zip

Country

33162

DADE

Zip

Country

33178

DADE

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALTER D. Lundelius Sr
9946 NW 49 Terr
MIAMI FL 33178-1919

Name

SAME

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

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	DD	<input type="checkbox"/> Delete
NAME	PATRICIA CIASCO	
STREET ADDRESS	9946 NW 49 Terr	
CITY-STATE-ZIP	MIAMI-FL 33178	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MARY BALLENTINE	
STREET ADDRESS	1620 NE 161 ST	
CITY-STATE-ZIP	No. MIAMI BEACH FL 33162	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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 807, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR25034 19/99