

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 30, 2001 8:00 am**  
**Secretary of State**

03-30-2001 90325 036 \*\*\*150.00

0606950

**DOCUMENT # P97000060660**

1. Entity Name  
**SUPERB ENTERPRISES, INC.**

Principal Place of Business  
**16940 NE 19 AV**  
**NO MIAMI BCH FL 33162**

Mailing Address  
**9946 NW 49 TR**  
**MIAMI FL 33178**

**639215**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address  
**16940 N.E 19 AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**NO MIAMI BCH FL**

4. FEI Number **65-0767918**

Applied For  
 Not Applicable

Zip Country

Zip Country  
**33162 USA**

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

**CIASCA, PATRICIA**  
**9946 N.W. 49TH TERRACE**  
**MIAMI FL 33178**

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 \_\_\_\_\_

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)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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 **PD**  Delete  
 NAME **CIASCA, PATRICIA**  
 STREET ADDRESS **9946 N.W. 49TH TERRACE**  
 CITY-ST-ZIP **MIAMI FL 33178**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VPD**  Delete  
 NAME **BALLANTINE, MARY**  
 STREET ADDRESS **1620 N.E. 161ST STREET**  
 CITY-ST-ZIP **NORTH MIAMI BEACH FL 33162**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)