

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90039 017 ***150.00

DOCUMENT # P03000006074

1. Entity Name

SUPERIOR ESTATE INVESTORS, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
P. O. BOX 9554

Suite, Apt. #, etc.

3. Mailing Address
1220 E. CRENSHAW

Suite, Apt. #, etc.

City & State
TAMPA, FL

City & State
TAMPA, FL

Zip
33674

Country
HILLSBOUROUGH

Zip
33604

Country
HILLSBOROUGH

4. FEI Number
30-0139843

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name
ROLANDO ROJAS

Street Address (P.O. Box Number is Not Acceptable)
1220 E CRENSHAW

City
TAMPA

FL

Zip Code
33604

**DO NOT WRITE
IN THIS SPACE**

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 the obligations of registered agent.

SIGNATURE

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11.

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**PD
ROLANDO ROJAS
1220 E CRENSHAW
TAMPA, FL 33604**

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12. 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 10 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 #

3/2/04