

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90137 044 \*\*\*158.75

**DOCUMENT # 674855**

1. Entity Name  
**SUPER TRANSPORT, INC.**

Principal Place of Business Mailing Address  
**951 BROKEN SOUND PKWY NW STE 100 951 BROKEN SOUND PKWY NW STE 100**  
**PO BOX 3054 PO BOX 3054**  
**BOCA RATON FL 33431-0054 BOCA RATON FL 33431-0054**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-2013436</b>		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>SCHUSTER, MICHAEL</b> <b>951 BROKEN SOUND PKWY, NW</b> <b>SUITE 100</b> <b>BOCA RATON FL 33487</b>				Name <b>SAME</b>			
				Street Address (P.O. Box Number is Not Acceptable)			
				City <b>FL</b>		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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	<b>P</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SCHUSTER, I. TULLY</b>			NAME			
STREET ADDRESS	<b>951 BROKEN SOUND PWY 100</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>BOCA RATON FL</b>			CITY-ST-ZIP			
TITLE	<b>ST</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SCHUSTER, RITA</b>			NAME			
STREET ADDRESS	<b>951 BROKEN SOUND PWY 100</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>BOCA RATON FL</b>			CITY-ST-ZIP			
TITLE	<b>V</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SCHUSTER, RONALD</b>			NAME			
STREET ADDRESS	<b>951 BROKEN SOUND PWY 100</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>BOCA RATON FL</b>			CITY-ST-ZIP			
TITLE	<b>V</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SCHUSTER, MICHAEL</b>			NAME			
STREET ADDRESS	<b>951 BROKEN SOUND PWY 100</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>BOCA RATON FL</b>			CITY-ST-ZIP			
TITLE	<b>V</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SCHUSTER, TAMMY</b>			NAME			
STREET ADDRESS	<b>951 BROKEN SOUND PWY., NW, 100</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>BOCA RATON FL</b>			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: Michael Schuster 2/4/02 561-241-0100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)