

2000 UNIFORM BUSINESS REPORT (UBR)

05-29-2001 90012030 ***750.00
828853

DOCUMENT # 828853

1. Entity Name
SUPERIOR PRINTING INK CO., INC

FILED

01 JUN 27 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 70 BETHUNE ST NEW YORK NY 10014 US	Mailing Address 70 BETHUNE ST NEW YORK NY 10014-768 US
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DO NOT WRITE IN THIS SPACE

00-01

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 13-5422130	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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: *Barbara A. Burke*
Name: **BARBARA A. BURKE**
Title: **ASSISTANT SECRETARY**
Date: **6/25/01**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW: FEE IS \$550.00
After SEPTEMBER 31, 2000 Min. will be \$750.00
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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROSEN, NATHAN	
STREET ADDRESS	20 E. 9TH STREET	
CITY-ST-ZIP	NEW YORK NY	
TITLE	V	<input type="checkbox"/> Delete
NAME	SIMONS, JEFFREY	
STREET ADDRESS	276 INDIAN TRAIL DR	
CITY-ST-ZIP	FRANKLIN LAKES NJ	
TITLE	P	<input type="checkbox"/> Delete
NAME	BRICE, HARVEY R	
STREET ADDRESS	70 BETHUNE ST	
CITY-ST-ZIP	NEW YORK NY 10014	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIMONS, GERTRUDE	
STREET ADDRESS	100 SO. MIDDLE NECK RD.	
CITY-ST-ZIP	GREAT NECK, NY.	
TITLE	D	<input type="checkbox"/> Delete
NAME	HEILBRUN HELEN	
STREET ADDRESS	33 GATES CIRCLE	
CITY-ST-ZIP	BUFFALO, NY.	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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-07/06/01--01065--017
****150.00 ****150.00

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: *Harvey R. Brice*
Name: **HARVEY R. BRICE**
Title: **PRESIDENT**
Date: **6/24/01**

UBR2E034 (5/00)

6/16