

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90310 004 ***150.00

DOCUMENT # **G93427** ✓

1. Entity Name

SUPERIOR REMODELING CO., INC.

Principal Place of Business

Mailing Address

**4850 N. STATE ROAD 7
 FORT LAUDERDALE, FL 33319**

2. Principal Place of Business

5359 N NOB HILL RD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SUNRISE, FL

City & State

4. Filing Number

59-2429689

Applied For

Not Applicable

Zip

Country

33351

Zip

Country

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

**SEYMOUR L STEINSALTZ
 3748 HERON RIDGE LANE
 WESTON, FL 33331**

Name

SEYMOUR L. STEINSALTZ

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

c/o CASEY COUGHLIN

1515 UNIVERSITY DRIVE - SUITE 214

City

CORAL SPRINGS

FL

Zip Code

33071

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. ☐

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 **P/T/D** ☐ Delete
 NAME **SEYMOUR L STEINSALTZ**
 STREET ADDRESS **3748 HERON RIDGE LANE**
 CITY-ST-ZIP **WESTON, FL 33331**

TITLE **SECRETARY** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V/S/D** ☒ Delete
 NAME **JUDITH STEINSALTZ**
 STREET ADDRESS **3748 HERON RIDGE LANE**
 CITY-ST-ZIP **WESTON, FL 33331**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **P/T/D DENNIS URICOLA**
 STREET ADDRESS **13317 NW 14 ST**
 CITY-ST-ZIP **PEMBROKE PINES, FL 33028**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
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TITLE ☐ Delete
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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: *Seymour L Steinsaltz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SEYMOUR L. STEINSALTZ

Date

1/15/01

Daytime Phone #

CR2E034 (11/00)