

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90084 030 ***150.00

DOCUMENT # J12149

1. Entity Name

SUPER SERVICES OF BROWARD, INC.

Principal Place of Business

Mailing Address

4900 NW 15 STREET
 SUITE 4490
 MARGATE FL 33063
 US

4900 NW 15 STREET
 SUITE 4490
 MARGATE FL 33063-3731
 US

2. Principal Place of Business

5201 NW 15th Street

3. Mailing Address

5201 NW 15th Street

Suite, Apt., etc.

Suite C-10

Suite, Apt., etc.

Suite C-10

City & State

Margate, FL

City & State

Margate, FL

Zip

33063

Country

US

Zip

33063

Country

US

6. Name and Address of Current Registered Agent

FUNK, BARRY R.
7602 SUNFLOWER DR.
MARGATE FL 33063

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

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, 2000 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

TITLE **PD**
 NAME **FUNK, BARRY R.**
 STREET ADDRESS **7602 SUNFLOWER DR.**
 CITY-ST-ZIP **MARGATE FL**

☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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 CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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

Barry Funk

President

02/17/00 (954) 979-1990

Date Daytime Phone #

CR2E034 (9/99)