

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # J16509**

1. Entity Name

**SUPERSONIC ENTERPRISES, INC.****FILED****Mar 20, 2001 8:00 am**  
**Secretary of State**

03-20-2001 90030 024 \*\*\*150.00

Principal Place of Business

**8674 BIRD ROAD**  
**MIAMI FL 33155**

Mailing Address

**8674 BIRD ROAD**  
**MIAMI FL 33155**

2. Principal Place of Business

**16155 S.W. 117th Ave**

3. Mailing Address

**16155 S.W. 117th Ave**

Suite, Apt. #, etc.

**SUITE # 10**

Suite, Apt. #, etc.

**SUITE # 10**

City &amp; State

**MIAMI FL**

City &amp; State

**MIAMI FL**

4. FEI Number

**59-2695479**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

Zip

**33177**

Country

Zip

**33177**

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ST. LAURENT, LOUIS**  
**10550 NORTHWEST 29TH COURT**  
**SUITE 2067**  
**CORAL SPRING FL 33065**

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PST</b> <b>LEE, BARON</b> <b>15340 SW 153 ST</b> <b>MIAMI FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LEE, BARON</b> <b>15340 SW 153 ST</b> <b>MIAMI FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LAU, ZHI LAN (TINNY)</b> <b>233 HING FONG ROAD</b> <b>KWAI CHUNG N.</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>STEVENS, ARLENE</b> <b>15651 S.W. 155 AVE</b> <b>MIAMI, FL 33187</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LAU, ZHI LAN (TINNY)</b> <b>11-19 SHA TSUI RD.</b> <b>TSUEN WAN, N.T. HONG KONG</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**3/16/01**

Daytime Phone #

CR2E034 (10/00)