

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K18692

1. Entity Name

SUPERIOR TAX SERVICE, INC.

FILED

Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90250 021 ***150.00

Principal Place of Business

4536 N UNIVERSITY DR
LAUDERHILL FL 33351
US

Mailing Address

4536 N UNIVERSITY DR
LAUDERHILL FL 33351
US

2. Principal Place of Business

4400 N. UNIVERSITY DR.

3. Mailing Address

4400 N. UNIVERSITY DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAUDERHILL, FL. 33351

City & State

LAUDERHILL, FL.

Zip

Country

Zip

Country

33351

4. FEI Number

65-0036631

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MUSCARELLA, RONALD A.
4536 N UNIVERSITY DR
LAUDERHILL FL 33351

7. Name and Address of New Registered Agent

Name: Muscarella, Ronald A.

Street Address (P.O. Box Number is Not Acceptable)
4400 N. UNIVERSITY DR.

City: LAUDERHILL FL. FL Zip Code: 33351

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

Ronald A. Muscarella

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

TITLE: D ☐ Delete
NAME: MUSCARELLA, RONALD A.
STREET ADDRESS: 4536 W UNIVERSITY DR
CITY-ST-ZIP: LAUDERHILL FL 33351

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: D ☒ Change ☐ Addition
NAME: Ronald A. Muscarella
STREET ADDRESS: 4400 N. UNIVERSITY DR.
CITY-ST-ZIP: LAUDERHILL, FL. 33351

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
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TITLE: ☐ Change ☐ Addition
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CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
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:

Ronald A. Muscarella

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)