

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 90010 039 ***150.00

DOCUMENT # **K73759**

1. Entity Name

SUPERIOR STEEL CORP.

Principal Place of Business

Mailing Address

2404 NW 32 ST
BOCA RATON FL 33431
US

2404 NW 32 ST
BOCA RATON FL
33431
US

2. Principal Place of Business

599 WEST CONFERENCE DR

3. Mailing Address

33486

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
BOCA RATON, FL

City & State

4. FEI Number

11-2846893

Applied For

Not Applicable

Zip
33486

Country

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

HAYLEY HARRISON
2404 NW 32 ST
BOCA RATON, FL 33431

Name

HALEY HARRISON

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

599 WEST CONFERENCE DR

City

BOCA RATON

FL

Zip Code

33486

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 ☐ Delete
NAME **PT HARRISON, HALEY**
STREET ADDRESS **599 WEST CONFERENCE DR**
CITY-ST-ZIP **BOCA RATON, FL 33486**

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

TITLE ☐ Delete
NAME **ST HARRISON HALEY**
STREET ADDRESS **599 WEST CONFERENCE DR**
CITY-ST-ZIP **BOCA RATON, FL 33486**

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 in an attachment with an address with all other like empowered.

SIGNATURE

Hayley Harrison

(X) 4-28-01

561-451-2302

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRZED34 (11/00)