FILED
Jul 01, 2003 8:00 am
Secretary of State

4/25

04-25-2003 90754 043 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000015662

1. Entity Name

SUPERIOR MARKETING A.M.M., LLC

44000419

[redacted]

Principal Place of Business
7542 CAPRIO DRIVE
BOYNTON BEACH FL 33474
33437

Mailing Address
7542 CAPRIO DRIVE
BOYNTON BEACH FL 33474
33437

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business: 7542 CAPRIO DR
Suite, Apt. #, etc.
City & State: Boynton Bch, FL
Zip: 33437 Country

3. Mailing Address: 7542 CAPRIO DR
Suite, Apt. #, etc.
City & State: Boynton Bch. FL
Zip: 33437 Country

4. FEI Number: 82-0549380 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHNEIDER, MOSHE
7542 CAPRIO DRIVE
BOYNTON BEACH FL 33474

7. Name and Address of New Registered Agent

Name: Moshe Schneider
Street Address (P.O. Box Number is Not Acceptable): 7542 CAPRIO DR
City: Boynton Bch FL Zip Code: 33437

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 5-6-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Manager Moshe Schneider	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	7542 Caprio Drive Boynton Beach, FL 33474	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (10/02)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: X SIGNATURE REQUIRED Moshe Schneider 3/8/03 561-703-1774
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #