

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2000 8:00 am
Secretary of State

02-25-2000 90027 050 ***150.00

DOCUMENT # M60713

1. Entity Name

SUPERIOR FRAME LINE, INC.

Principal Place of Business

328 CRANDONBLVD
 203-204
 KEY BISCAYNE FL 33149
 US

Mailing Address

PO BOX 490987
 MIAMI FL 33149-0987
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2851696

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

LAMONT & NEIMAN
1 BISCAYNE TOWER STE 3350
2 S BISCAYNE BV
MIAMI FL 33131

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	D <input type="checkbox"/> Delete
NAME	GIROD, PIERRE
STREET ADDRESS	F 39150
CITY-ST-ZIP	CHAUX DU DOMBIEF FR
TITLE	S <input type="checkbox"/> Delete
NAME	BALDWIN, PATRICIA
STREET ADDRESS	328 CRANDON BLVD
CITY-ST-ZIP	KEY BISCAYNE FL
TITLE	PTD <input type="checkbox"/> Delete
NAME	REGE TURO, ROBERT CLAUDE
STREET ADDRESS	640 WARREN LANE
CITY-ST-ZIP	KEY BISCAYNE FL
TITLE	D <input type="checkbox"/> Delete
NAME	GIRAD, MICHEL
STREET ADDRESS	F39150
CITY-ST-ZIP	CHAUX DU DOMBIEF, FRANCE
TITLE	V <input checked="" type="checkbox"/> Delete
NAME	HYMAN, JOSEPH R JR
STREET ADDRESS	328 CRANDON BLVD
CITY-ST-ZIP	KEY BISCAYNE FL 33149
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Girod, michel
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-11-2000 **365-9980**
305

CR2E034 (9/99)