

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000038809

1. Entity Name  
SUPERIOR TRUST MORTGAGE, INC.

**FILED**  
**Feb 07, 2001 8:00 am**  
**Secretary of State**

02-07-2001 90145 024 \*\*\*150.00

916277



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
8368 SW 182 TERRACE  
MIAMI FL 33157

Mailing Address  
8368 SW 182 TERRACE  
MIAMI FL 33157

2. Principal Place of Business  
9990 SW 77 Ave

3. Mailing Address  
9990 SW 77 Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 212

SUITE 212

City & State

City & State

MIAMI FL

MIAMI FL

Zip 33156 Country USA

Zip 33156 Country USA

4. FEI Number  
65-1001103

Applied For  
Not Applicable

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

LEDON, ZUNILDA  
8368 SW 182 TERRACE  
MIAMI FL 33157

TAPANES, ZUNILDA  
9990 SW 77 Avenue  
SUITE 212  
MIAMI FL 33156

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 *Zunilda Tapanes*  
Signature, printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

2/1/01  
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  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DIRECTOR/PRESIDENT  
ZUNILDA TAPANES  
9021 SW 122 Avenue #112  
MIAMI FL 33186

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/01  
Date

305-412-5050  
Daytime Phone #

CR2E034 (10/00)