

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 8:00 am
Secretary of State
 03-06-2001 90015 004 ***158.75

DOCUMENT # P00000084461

1. Entity Name
SUPERIOR REALTY INC.

Principal Place of Business
3621 COLLINS AVENUE
SUITE 301
MIAMI BEACH FL 33140

Mailing Address
3621 COLLINS AVENUE
SUITE 301
MIAMI BEACH FL 33140

2. Principal Place of Business
221 N.E. 164 STREET
 Suite, Apt. #, etc.
SUITE 317

3. Mailing Address
221 NE 164 STREET
 Suite, Apt. #, etc.
SUITE 317

City & State
NORTH MIAMI BEACH
 Zip
33160 Country
DADE

City & State
NORTH MIAMI BEACH
 Zip
33160 Country
DADE

4. FEI Number
65-1035767

Applied For
 Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FLORES, JORGE A SR.
3621 COLLINS AVENUE
SUITE 301
MIAMI BEACH FL 33140

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, 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 | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|---------------------|--------------------------------|----------------------|---------------------------------|
| P | FLORES, JORGE A SR. | 3621 COLLINS AVENUE, SUITE 301 | MIAMI BEACH FL 33140 | <input type="checkbox"/> |
| V | VEGA, MARTA C | 3621 COLLINS AVENUE, SUITE 301 | MIAMI BEACH FL 33140 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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 #

3-2-2001-305-672-3063

CR2034 (10/00)