

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000114132

1. Entity Name

SUPER TECHNOLOGIES USA INC.

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90264 024 ***150.00

Principal Place of Business

407 ARAGON AVE.
CORAL GABLES FL 33134

Mailing Address

407 ARAGON AVE.
CORAL GABLES FL 33134

2. Principal Place of Business

7950 N.W. 14 ST.

Suite, Apt. #, etc.

3. Mailing Address

4340 S.W. 95 CT.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIAMI Florida

City & State

MIAMI Florida

4. FEI Number

65-1061801

Applied For

Not Applicable

Zip

33126

Country

DADE

Zip

33165

Country

DADE

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, ROSALINA
407 ARAGON AVE.
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

ROSALINA RODRIGUEZ

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

4340 S.W. 95 CT.

City

MIAMI DADE

FL

Zip Code

33165

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

Rosalina Rodriguez Rosalina Rodriguez

04-17-01

(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	PD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, ROSALINA	
STREET ADDRESS	407 ARAGON AVE.	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	VD	<input type="checkbox"/> Delete
NAME	QUESADA, ANTONIO E	
STREET ADDRESS	3241 S.W. 117TH COURT	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSALINA RODRIGUEZ	
STREET ADDRESS	4340 S.W. 95 CT.	
CITY-ST-ZIP	MIAMI DADE FLA. 33165	
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 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:

Rosalina Rodriguez Rosalina Rodriguez

Date

Daytime Phone #

04-17-01 (305)2284324

CR2E034 (10/00)