

62073 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000034861	
1. Entity Name Superintegration Group, Inc	

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

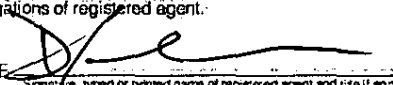
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5044 NW 89th Way	3. Mailing Address 5044 NW 89th Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Coral Springs	City & State Coral Springs
Zip 33067	Country USA

700017077707
04/25/03--01015--016 **300.00
DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 65-1104387	Applied For Not Applicable
	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
	7. Name and Address of Current Registered Agent	
	Name David Carroll	
Street Address (P.O. Box Number is Not Acceptable)		
5044 NW 89th Way		
City Coral Springs		
State FL		
Zip Code 33067		

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.

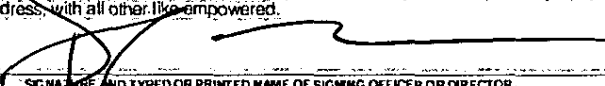
SIGNATURE  DATE 4/3/03
(NOTE: Registered Agent signature required when resigning)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D David Carroll 5044 NW 89th Way Coral Springs	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D Chalres Hak 2113 NW 108th Ave Coral Springs, FL 33071	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE 4/3/03 954-810-6075
(NOTE: Signature and typed or printed name of signing officer or director)

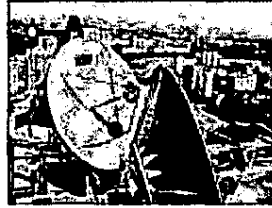
CR20034B (12/02)

8/4/23

ATTACHMENT

SUPERINTEGRATION GROUP, INC.
5044 NW 89TH WAY
CORAL SPRINGS, FLORIDA 33067
954-346-1025 FAX 954-346-8018

P01000034861



April 13, 2003

Uniform Business Report.

Division of Corporations

P.O. Box 1500

Tallahassee, FL 32302-1500

Dear Sir or Madam:

As per our conversation with Kathy of your office on 4/10/03 at 4:48 PM, The penalty fee of \$600.00 for reinstating the corporation when filing the UBR is to be waived because we never received the UBR and all mail was returned back to you. Attached is the UBR with the \$300.00 payment Kathy instructed us to make in order to bring us up to date and reinstate our corporation for the new year.

Thank you Very Much for your time and consideration

Sincerely,

David Carroll

Director/President
Superintegration Group, inc