

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90043 048 ***150.00

DOCUMENT # P01000080190

1. Entity Name
SUPREME MARKETING & MANAGEMENT CORPORATION

Principal Place of Business
1555 PALM BEACH LAKES BLVD SUITE 1510
WEST PALM BEACH FL 33401

Mailing Address
1555 PALM BEACH LAKES BLVD SUITE 1510
WEST PALM BEACH FL 33401

2. Principal Place of Business
2776 UNIVERSITY DRIVE

3. Mailing Address
2776 UNIVERSITY DRIVE

Suite, Apt. #, etc.
2ND FLOOR

Suite, Apt. #, etc.
2ND FLOOR

City & State
CORAL SPRINGS, FL

City & State
CORAL SPRINGS, FL

Zip
33065

Country
USA

Zip
33065

Country
USA

4. FEI Number
65-1134343

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

LESHER, GERALD S
1555 PALM BEACH LAKES BLVD SUITE 1510
WEST PALM BEACH FL 33401

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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, 2002 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
PRESIDENT
 NAME
MORMENEO, CARLOS
 STREET ADDRESS
2776 UNIVERSITY DRIVE
 CITY-ST-ZIP
CORAL SPRINGS, FL 33065

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE
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 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:

Carlos Mormeneo
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-02

954-656-6180

Date

Daytime Phone #

CR2E034 (9/01)