

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90290 047 ***150.00

DOCUMENT # **PO 2000053288**

1. Entity Name

SUPERIOR WASH INC - SOUTH FLORIDA

Principal Place of Business

2. Principal Place of Business

2693 W 137th TERR

Suite, Apt. #, etc.

D

City & State

MIRAMAR FL

Zip **33027** Country **USA (ADE)**

3. Mailing Address

2693 W 137th TERRACE

Suite, Apt. #, etc.

City & State

MIRAMAR FL

Zip **33027** Country **USA**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

03-0450442

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VINCENT GARCIA
2693 W 137th TERRACE
MIRAMAR FL 33027

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature: typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PRES.**
NAME **VINCENT GARCIA**
STREET ADDRESS **2693 W 137th TERRACE**
CITY-ST-ZIP **MIRAMAR FL 33027**

☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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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 Block 11 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

VINCENT GARCIA

4/30/03

DATE DAY/STATE/PRINTED NAME