

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2003 8:00 am
Secretary of State

01-09-2003 90056 018 ***158.75

DOCUMENT # P02000085308

1. Entity Name

SUPER MARKS PRESSURE CLEAN CORP.



Principal Place of Business

503 SW 76 TERRACE

Mailing Address

503 SW 76 TERRACE

NORTH LAUDERDALE FL 33068

NORTH LAUDERDALE FL 33068

US

US

2. Principal Place of Business

3. Mailing Address

503 SW 76 TERRACE
Suite, Apt. #, etc.

503 SW 76 TERRACE
Suite, Apt. #, etc.

City & State

North Lauderdale FL

City & State

North Lauderdale FL

4. FEI Number

223862604

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

MACHADO, MARCOS
503 SW 76 TERRACE
NORTH LAUDERDALE FL 33068

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

Marcos Machado

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

(NOTE: Registered Agent signature required when reinstating)

01/06/03

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 **OWNER** ☐ Delete
NAME **MARCUS MACHADO**
STREET ADDRESS **503 SW 76 TERRACE - N. LAUDERDALE**
CITY-ST-ZIP **FLORIDA - 33068**

TITLE **SO** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Marcos Machado

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/06/03

Date

Daytime Phone #

(954) 7181710

CR2E034 (10/02)