

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000009725

1. Entity Name

SUPERIOR GLOSS, INC.

**FILED**  
**Mar 29, 2001 8:00 am**  
**Secretary of State**

03-29-2001 90362 001 \*\*\*150.00

0259531

Principal Place of Business

1323 SE 17TH ST.  
SUITE 204  
FT. LAUDERDALE FL 33316

Mailing Address

1323 SE 17TH ST.  
SUITE 204  
FT. LAUDERDALE FL 33316

2. Principal Place of Business

PLANTATION  
Suite, Apt. #, etc.  
1820 SW 67th TERRACE

3. Mailing Address

1820 SW 67th TERRACE  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
PLANTATION FL 33317

City & State  
PLANTATION FL

4. FEI Number 65-0464226

Applied For  
Not Applicable

Zip  
33317

Country  
U.S.A.

Zip  
33317

Country  
U.S.A.

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

6. Name and Address of Current Registered Agent

COPELAND, ANDREW D  
1323 SE 17TH ST.  
SUITE 204  
FT. LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

Name COPELAND ANDREW D  
Street Address (P.O. Box Number is Not Acceptable)  
1820 SW 67th TERRACE  
PLANTATION  
City PLANTATION (FL) Zip Code 33317

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 Andrew Copeland President

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

(NOTE: Registered Agent signature required when reinstating)

3/26/01

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 P ☐ Delete  
NAME COPELAND, ANDREW  
STREET ADDRESS 1323 SE 17TH ST #204  
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Change ☐ Addition  
NAME Andrew Copeland  
STREET ADDRESS 1820 SW 67th TERRACE  
CITY-ST-ZIP PLANTATION FL 33317

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

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

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

TITLE ☐ Change ☐ 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 an otherlike empowered.

SIGNATURE:

Andrew Copeland  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Andrew Copeland

3/26/01 954-621-5433

Date

Daytime Phone #

CR2E034 (10/00)