

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90296 016 ***158.75

DOCUMENT # P94000024228

1. Entity Name
SUPERIOR MOVING, INC.

Principal Place of Business

**8070 NW 11TH ST
 7 H
 MARGATE FL 33063
 US**

Mailing Address

**8070 NW 11TH ST
 7 H
 MARGATE FL 33063
 US**

2. Principal Place of Business

**SUPERIOR MOVING
 3265 N.W. 68 AVE.
 POMPADRO, FL 33063**

3. Mailing Address

**SUPERIOR MOVING
 3265 N.W. 68 AVE.
 POMPADRO, FL 33063**



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number **65-0480473**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**AGLIONE, ANTONIO
 8070 NORTHWEST 11TH ST. #7 H
 MARGATE FL 33063**

7. Name and Address of New Registered Agent

Name **A. AGLIONE**
 Street Address (P.O. Box Number is Not Acceptable) **3265 N.W. 68 AVE**
MARGATE, FL 33063
 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.

SIGNATURE _____ (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

TITLE	DPST	<input type="checkbox"/> Delete
NAME	AGLIONE, ANTONIO	
STREET ADDRESS	8070 NW 11TH ST. #7H	
CITY-ST-ZIP	MARGATE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	A. AGLIONE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3265 N.W. 68 AVE	
STREET ADDRESS	MARGATE, FL 33063	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE: _____

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/2002 954-9789999

Date Daytime Phone #

CR2E034 (9/01)