## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** May 02, 2000 8:00 am Secretary of State DOCUMENT # P94000027601 1. Entity Name SUPERIOR TUB REFINISHING, INC. 05-02-2000 90007 008 \*\*\*150.00 Principal Place of Business Mailing Address 4680 SW 33RD AVE #6 4680 SW 33RD AVE #6 FT. LAUDERDALE FL 33312 FT. LAUDERDALE FL 33312-5541 649738 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0481906 Zip Not Applicable Country.\_.\_ Country 5. Certificate of Status Desired \$8.75 Additional 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VALENZULA, HILDEBRANDO Street Address (P.O. Box Number is Not Acceptable) 4680 SW 33RD AVE #6 FT. LAUDERDALE FL 33312 City 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 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 FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 (See criteria on back) \$5.00 May Be Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE D ☐ Delete TITLE NAME CATIBLANCO, MOLLY ■ Addition NAME STREET ADDRESS 2114 COOLIDGE ST STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL CITY-ST-ZIP TITLE ☐ Delete VALENZULA, HILDEBRANDO NAME ☐ Change ☐ Addition NAME STREET ADDRESS 4680 SW 33RD AVE #1 STREET ADDRESS CITY-ST-7IP \* FT: L'AUDERDALE FL-33312 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF TITLE ☐ Defete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CiTY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 changed, or on an attachment with an address, with all other like empowered.