

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

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90056 021 ***150.00

DOCUMENT # *P94000027601*

1. Entity Name

Superior Tub Refinishing, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1842 Johnson Street

3. Mailing Address

P.O. Box 6762

Suite, Apt. #, etc.

Ste #2

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Hollywood, FL

City & State

Hollywood, FL

4. FEI Number

65-0481906

Applied For

Not Applicable

Zip

33020

Country

Broward

Zip

33081

Country

Broward

5. Certificate of Status Desired ☐ ☒

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current 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.

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

Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

NAME

STREET ADDRESS

CITY - ST - ZIP

*P. Castiblanco, Molly
2114 Coolidge Street
Hollywood, FL 33020*

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

*P. Valenzuela, Hildebrando
4680 SW 33rd Avenue #1*

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Molly Castiblanco

04/16/02 954-5819439

Date

Daytime Phone #

CR2E034B (12/01)