FILED 2002 UNIFORM BUSINESS REPORT (UBR) Apr 29, 2002 8:00 am Secretary of State P94000041136 DOCUMENT # 1. Entity Name 04-29-2002 90124 041 ***150.00 SUPERIOR ASSET SPECIAL, INC. Principal Place of Business Mailing Address 7108 FAIRWAY DR 7108 FAIRWAY DR 130 130 PALM BCH GDNS FL 33418 PALM BCH GDNS FL 33418 US IJŜ 2. Principal Place of Business 3. Mailing Address 745 US Highway One 745 US Highway One Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 209 <u>Suite 209</u> City & State City & State 4. FEI Number Applied For 65-0496093 Not Applicable <u>North Palm Beach</u> North Palm Beach. Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33408 Fee Required U.S.A 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HEITMEYER, RICHARD Street Address (P.O. Box Number is Not Acceptable) 7108 FAIRWAY DR #130 <u>745 U.S. Highway One</u> PALM BCH GARDEN FL 33418 Suite 209 City Zip Code North Palm Beach 33408 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 chard A. Heitmeyer FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete Pres./Director/Secretary Change CR2E034 (9/01 TITLE HEITMEYER, RICHARD NAME NAME 7108 FAIRWAY DR #130 STREET ADDRESS 745 US Highway One - Suite 209 STREET ADDRESS PALM BCH GDNS FL 33418 CITY-ST-ZIP CITY-ST-ZIP North Palm Beach, FL 33408 TITLE Delete TITLE ☐ Addition NAME Jauregui. Carmen NAME STREET ADDRESS 7108 FAIRWAY DR #130 STREET ADDRESS CITY-ST-ZIP PALM BCH GDNS FL 33418 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition

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 receive 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 addition, with a compowered 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 addition.

NAME

TITLE

NAME

☐ Delete

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR