FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000041136 1. Entity Name

2. Principal Place of Business

Superior Asset Special, Inc.

FILED Apr 24, 2003 8:00 am Secretary of State

04-24-2003 90279 004 ***150.00

DO NOT WRITE IN THIS SPACE 11013997

3. Mailing Address

745 U Suite, Apt.	#, etc. Hi	ghway One	745 U.S. Hi Suite, Apt. #, etc.	745 U.S. Highway One Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
Suite	209		Suite 209	Suite 209						
City & State			City & State				Number		Applied For	
_North	Palmi	Beach, Fl	North Palm	North Palm Beach, FL			-0496093	Not Applicable		
Zip		Country	Zip	Country		ſ	rtificate of Status Desired		8.75 Additional	
33498		U ,S ,A,		↓ U ,S.	Α.	7 Nom				
				Na	me	7. Nam	e and Address of Current	Registered A	gent	
	-		14/01==	建筑建筑是"不是数据"等。						
DO NOT WRITE					Richard A. Heitmeyer Street Address (P.O. Box Number is Not Acceptable)					
there is not contain the containing the property of the containing					745 U.S. Highway One					
IN THIS SPACE					Suite 209					
					City Zip Code					
					NOI CII Faill Beach 33400					
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed hat go or registered agent and title if applicable. (NOTE: Registered Agent agent agent and title if applicable.)										
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State					i egratare requ	Brod Wildington	Election Campaign Fin Trust Fund Contribution		\$5.00 May Be Added to Fees	
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10,		OFFICERS	AND DIRECTORS				Market Carlot Control		STATE OF SHIP SHIP	
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12. Thereby c	ertify that the in	nformation supplied	d with this filing does not qualify for	or the exemption	n stated in	Section 119	9.07(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 truster empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all this property of the corporation of the receiver or truster empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all this property of the corporation of the receiver or truster empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINCED NAME OF SIGNING OFFICER OR DIRECTOR