## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** 

P95000030744

1. Entity Name

SUPER SKATES, INC.



## FILED Mar 20, 2003 8:00 am Secretary of State

03-20-2003 90098 022 \*\*\*150.00

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Principal Place 1378 SW 160 A SUNRISE FL 33	VENUE	1378 SV	Address V 160 AVENUE E FL 33326							
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address				CHECK HERE IF MAKING CHANGES				
		Suite,	Suite, Apt. #, etc.							
City & State		City &	State		4.	4. FEI Number 65-0576071				olied For Applicable
Zip	Country	Zip		Country	5.	Certificate of Sta	atus Desired		8.75 Addi ee Required	
	6. Name and Address of Curre	nt Registered	l Agent		7.	Name and Addr	ess of New Regis	tered Ag	jent	
	6. Name and Address of Cure	in riogisterou		Name	Roser, c gramma					
	G, MARK H ESQ. RLING ROAD			Street Ad	ddress (P.O.	Box Number is N	ot Acceptable)			
	ALING HOAD				-	<del></del> -				
	CITY FL 33024			City		<u> </u>	<u></u>	FL	Zip Code	
8. The above the obligati	named entity submits this statemen ions of registered agent.	t for the purpo	se of changing its	s registered office or	registered a	agent, or both, in t	the State of Florida	a. I am fa	miliar with, a	and accept
SIGNATURE _				TE: Registered Agent signate		seinstation)		DATE		<del></del>
	Signature, typed or printed name of registered ag	gent and title if applic	cable. (NO	TE: Hegistered Agent signati	are required when	Tremstating/				
Fl 4fter	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.0	00	cable. (NO	TE: Hegistered Agent signati	ure required when	9. Election	Campaign Financind Contribution.	ing 🗆		<b>0</b> May Be I to Fees
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indicated on this report or supplemental report is true and acquired and that my signature shall have the same legal effect as if made under.oath; that I am an officer or director indicated on this report or supplemental report is true and acquired and that my signature shall have the same legal effect as if made under.oath; that I am an officer or director indicated on this report or supplemental report is true and acquired by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all officer or director.

SIGNATURE:

CONTRIBE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Daytime Phone #