2002 UNIFORM BUSINESS REPORT (UBR)

Apr 29, 2002 8:00 am Secretary of State P96000012794 DOCUMENT # 1. Entity Name SUPERIOR ASSET EQUITY CORPORATION 04-29-2002 90124 037 ***150.00 Principal Place of Business Mailing Address 7108 FAIRWAY DRIVE 7108 FAIRWAY DRIVE STE 130 STF 130 PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 33418 US 2. Principal Place of Business 3. Mailing Address <u>745 US Highway One</u> <u>745 US Highway One</u> DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Suite 209 Suite 209 Applied For City & State Citv & State 4. FEI Number 65-0652194 Not Applicable North Palm North Palm Beach. \$8.75 Additional 5. Certificate of Status Desired Fee Required 33408 U.S.A 33408 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HEITMEYER, RICHARD Street Address (P.O. Box Number is Not Acceptable) 7108 FAIRWAY DR #130 <u>745 US Highway One</u> PALM BEACH GARDEN FL 33418 Suite 209 Zip Code City 33408 North Palm Beach 8. The above named entity submitted this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Richard 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 ☐ Change Addition TITI F Delete JAUREGUI, CARMEN NAME NAME 7108 FAIRWAY DR #130 STREET ADDRESS STREET ADDRESS PALM BEACH GARDENS FL 33418 CITY-ST-ZIP CITY-ST-ZIP Pres/Director/Secretary * Change TITLE ☐ Delete TITLE HEITMEYER, RICHARD A NAME NAME 745 US Highway One - Suite 209 7108 FAIRWAY DR #130 STREET ADDRESS STREET ADDRESS PALM BEACH GARDENS FL 33418 CITY-ST-ZIP CITY-ST-7IP North Palm Beach, FL 33408 ☐ Delete ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F TITLE ☐ Change ☐ Addition NAME NAME

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 of the corporation or the receiver or trustee impowered 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 address, with all other like empowered. **WURTCHard**

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

OF SIGNING OFFICER OR DIREC

A. Heitmeyer

FILED