

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000015591

1. Entity Name

SUPERIOR CONCEPTS & PRODUCTS, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90141 040 ***150.00

Principal Place of Business

12066 SW 117 COURT
 MIAMI FL 33186
 US

Mailing Address

11313 S.W. 165 TERRACE
 MIAMI FL 33157-2723

2. Principal Place of Business

3. Mailing Address

12066 SW 117 COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI, FL

Zip

Country

Zip

Country

33186

USA

4. FEI Number

65-0650535

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

O'SULLIVAN, HOWARD
 11313 S.W. 165 TERRACE
 MIAMI FL 33157

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
 NAME DEHRING, ROBERT B
 STREET ADDRESS 18236 N.W. 6TH STREET
 CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D ☐ Delete
 NAME LEE SIN, ROGER C
 STREET ADDRESS 11045 S.W. 159TH TERRACE
 CITY-ST-ZIP MIAMI FL 33157

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D ☐ Delete
 NAME DADE, DORTHON
 STREET ADDRESS 11231 S.W. 181 STREET
 CITY-ST-ZIP MIAMI FL 33157

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D ☐ Delete
 NAME O'SULLIVAN, HOWARD
 STREET ADDRESS 11313 S.W. 165 TERRACE
 CITY-ST-ZIP MIAMI FL 33157

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D ☐ Delete
 NAME SMITH, PAUL
 STREET ADDRESS 18800 S.W. 97TH AVE.
 CITY-ST-ZIP MIAMI FL 33157

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D ☐ Delete
 NAME O'SULLIVAN, MARK
 STREET ADDRESS 11313 S.W. 165 TERRACE
 CITY-ST-ZIP MIAMI FL 33157

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/2000

Date

305-255-3107

Daytime Phone #

CR2E034 (9/99)