

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State
 04-02-2001 90074 031 ***150.00

049021

DOCUMENT # P96000082905

1. Entity Name

SUPERIOR WHOLESALE PRODUCTS, INC.

Principal Place of Business

8439 N.W. 72 STREET
 MIAMI FL 33166
 US

Mailing Address

8439 N.W. 72 STREET
 MIAMI FL 33166
 US

2. Principal Place of Business

9988 PREMIERE PKWY

3. Mailing Address

9988 PREMIERE PKWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIRAMAR FL.

City & State

MIRAMAR FL

Zip

33025

Country

USA

Zip

33025

Country

USA

4. FEI Number

65-0698660

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**NORMAN BLOOM & WARFMAN P.A.
 MR. LENNY BLOOM
 1101 BRICKELL AVE SUITE 1400
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name **BROAD AND CASSEL**

Street Address (P.O. Box Number is Not Acceptable)

**MR. LENNY BLOOM
 201 S. BISCAYNE BLVD. #3000**

City

MIAMI

FL

Zip Code

33131

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

Robert Roque
 Signature, typed or printed name of registered agent and title if applicable.

ROBERT ROQUE PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

2/13/01
 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, 2001 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

TITLE **PP** ☐ Delete
 NAME **ROQUE, ROBERT**
 STREET ADDRESS **8439 N.W. 72 STREET**
 CITY-ST-ZIP **MIAMI FL 33166**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition
 NAME **ROBERT ROQUE**
 STREET ADDRESS **9988 PREMIERE PKWY**
 CITY-ST-ZIP **MIRAMAR, FL. 33025**

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

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

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

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

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:

Robert Roque
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT ROQUE - PRES.

2/13/01

Date

954-432-2828

Daytime Phone #

CR2E034 (10/00)