

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

03

FILED

03 SEP 30 PM 12:52

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **p96000082905**

1. Entity Name

SUPERIOR WHOLESALE PRODUCTS, INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9988 PREMIER PARKWAY

3. Mailing Address
10141 USA TODAY WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIRAMAR, FL

City & State
MIRAMAR, FL

4. FEI Number
65-0698660

Applied For
Not Applicable

Zip
33025

Country
U.S.A

Zip
33025

Country
U.S.A

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **NORTMAN BLOOM & WARFMAN P.A.(LENNY BLOOM)**

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
ROQUE, ROBERT PRESIDENT 10141 USA TODAY WAY MIRAMAR, FL 33025		

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

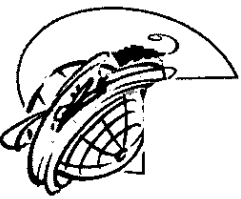
09/25/2003

Date

954-432-2828

Daytime Phone #

CR2E034B (12/02)



Superior
WHOLESALE PRODUCTS INC.

Your inside connection to the best in wholesale

10141 USA Today Way
Miramar, Florida 33025
superiorwholesale.com

DEPARTMENT OF STATE
DIVISION OF CORPORATION

TO WHOM IT MIGHT CONCERN

Dear Sirs

This letter is to inform you that the uniform business report for year 2003 was never received by this company or any of its officers.

Please enclosed is a blank uniform business form filled out a check in the amount of \$150.00 for the annual membership fee.

If you check our records you can notice that we have never missed our annual payment but this time we never received your form so our accounting department never issued the check.

Our new mailing address: 10141 USA Today Way
Miramar, Florida 33025

Thanking you in advance for your help in this matter

ROBERT J ROQUE

PRESIDENT

Superior Wholesale Products