

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90004 013 ***150.00

DOCUMENT # P96000100983

1. Entity Name

SUPERIOR ENTERPRISE AGENCIES, INC.

Principal Place of Business

1265 SPRUCE AVE
ORLANDO FL 32824

Mailing Address

P.O. BOX 601346
ORLANDO FL 32869

2. Principal Place of Business

Same

3. Mailing Address

1265 SPRUCE AVE

City & State

ORLANDO, FL 32824

Zip

Country

32824

Country

USA

4. FEI Number

59-3424780

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

BRIMO, MOHAMED M
5482 CENTRAL FL PARKWAY
ORLANDO FL 32821

Name

MAZEN BRIMO

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

1265 SPRUCE AVE

City

ORLANDO

FL

Zip Code

32824

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

Mazen Brimo

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

(NOTE: Registered Agent signature required when reinstating)

1/9/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP
NAME ISSA, NOUHA
STREET ADDRESS 5482 CENTRAL FLORIDA PARKWAY
CITY-ST-ZIP ORLANDO FL 32821 ☒ Delete

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

TITLE PD
NAME BRIMO, MOHAMED M
STREET ADDRESS 5482 CENTRAL FLORIDA PARKWAY
CITY-ST-ZIP ORLANDO FL 32821 ☐ Delete

TITLE PD
NAME MAZEN BRIMO
STREET ADDRESS 1265 SPRUCE AVE
CITY-ST-ZIP ORLANDO FL 32824 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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:

Mazen Brimo MAZEN BRIMO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/9/01 407-816-7137

CR2E034 (10/00)