

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2002 8:00 am
Secretary of State
 01-17-2002 90039 036 ***150.00

0107455 AV

DOCUMENT # P96000100983

1. Entity Name
SUPERIOR ENTERPRISE AGENCIES, INC.

Principal Place of Business
1265 SPRUCE AVE
ORLANDO FL 32824

Mailing Address
1265 SPRUCE AVE
ORLANDO FL 32824



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3424780** Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BRIMO, MAZEN
1265 SPRUCE AVE
ORLANDO FL 32824

7. Name and Address of New Registered Agent

Name **RIM ABIAD**
 Street Address (P.O. Box Number is Not Acceptable)
14332 TAMBOURINE DR
 City **ORLANDO** FL Zip Code **32837**

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 **Rim Abiad** DATE **1/7/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 **PD** ☐ Delete
 NAME **BRIMO, MAZEN**
 STREET ADDRESS **1265 SPRUCE AVE**
 CITY-ST-ZIP **ORLANDO FL 32824**

TITLE ☐ Delete
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 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **PD** ☐ Change ☒ Addition
 NAME **RIM ABIAD**
 STREET ADDRESS **1265 SPRUCE AVE**
 CITY-ST-ZIP **ORLANDO FL 32824**

TITLE ☐ Change ☐ Addition
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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**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/02 (407) 816-7137
 Date Daytime Phone #

CR2E034 (9/01)