

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90952 043 \*\*\*150.00

**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  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

CHECK HERE IF MAKING CHANGES

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

**ABIAD, RIM MS  
14892 TAMBOURING DR  
ORLANDO FL 32837**

*1265 Spruce Ave  
ORLANDO FL 32824*

7. Name and Address of New Registered Agent

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

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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	<b>VPD</b> <b>BRIMO, MAZEN</b> <b>1265 SPRUCE AVE</b> <b>ORLANDO FL 32824</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>ABIAD, RIM MS</b> <b>1265 SPRUCE AVE</b> <b>ORLANDO FL 32824</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MAZEN BRIMO</b> <b>P.D</b> <i>Saw</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MS. RIM ABIAD</b> <b>VPD</b> <i>Saw</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *MAZEN BRIMO* **4/3/03 407-816-8606**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (10/02)