

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000001547**

1. Entity Name

84 SUPREME ENTERPRISES, INC.**FILED****Mar 31, 2000 8:00 am**
Secretary of State

03-31-2000 90093 041 ***150.00

Principal Place of Business

**1490 WEST STATE ROAD 84
FORT LAUDERDALE FL 33315
US**

Mailing Address

**1490 WEST STATE ROAD 84
FORT LAUDERDALE FL 33315-2328
US**

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

65-0747813

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**ZINNANTI, ANTHONY JR
1128 N. NORTHLAKE DRIVE
HOLLYWOOD FL 33019**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
SUAREZ, J. MARIO
404 COCONUT PALM RD
BOCA RATON FL 33432** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
ZINNANTI, ANTHONY JR
1128 N. NORTHLAKE DR
HOLLYWOOD FL 33019** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
ZINNANTI, MARINA C
1128 N. NORTHLAKE DR
HOLLYWOOD FL 33019** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/00 (954) 929-2088
Date Daytime Phone #