## **2001 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # **P97000007679**

## SUPPO INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

		7900 N. UNIVERSITY DR.					
		SUITE #201 TAMARAC FL 33321-2126					
	, .=			Ī	1 <b>14 11 14 1</b> 17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<b>35</b> 111 1 <b>6618 6</b> 1113 1 <b>6618</b> 1811 161	••
2. Principal F	Place of Business	3. Mailing Address					
475 LAUREZ AVE		475 LAUREZ AVE				Beidi (Beid Bid) leelo (Dif (O)	il
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN TH	IS SPACE	
City & Sta	te	City & State		- 1	FEI Number CE 0704700	Applied Fo	
ا تم متشده م		HIGHLAND PARK, IL		•	65-0721763 ,		
Zip	Country	Zip	Country	5	Certificate of Status Desired	\$8.75 Additional	
6003		60035	LAKE .			Fee Required	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent		
			Name	**		٠	
BLUM & BLUM 7900 N. UNIVERSITY DRIVE Street Address (					Pox Number is Not Acceptable)		
	· .		·				
SUITE #201 TAMARAC FL 33321-2126			1	•	·.		
IAM	MRAC FL 33321-2126		City		F	Zip Code	
						<b>1</b>	
<b>8.</b> The above	e named entity submitted is statement to	j i i i purpood of changing i	ts registered office or i	registered aç	gent, or both, in the State of Florida.		
`		·	-,				
SIGNATUF	Signs Signs Signs Signs Signs Signs Signs	and title if applicable. (NC	TE: Registered Agent signature	e required when re	einstating) DATE		
		<del></del>			T		
	oration is eligible to satisfy its Intangible requirement and elects to do so.		/!!! FEE IS \$150.00		10. Election Campaign Financing \$5.00 May Be		
	ria on back)		After MAY 1, 2001 Fee will be \$550.00  Make Check Payable to Department of Stat		Trust Fund Contribution.	☐ Added to Fees	i
11.	OFFICERS AND	<u> </u>	<b>1</b> 12.		L DDITIONS/CHANGES TO OFFICERS AT	ND DIRECTORS IN 11	-
TITLE	PTSD	Delete	TITLE	PTSD		Change  Ado	dition !
NAME	SUPPO, MARTIN	<b></b>	NAME	SUPF	o, MARTEN		l
STREET ADDRESS 7040 W PALMETTO PARK ROAD, #552			STREET ADDRESS	475.	LAUREL AVE -A		l
CITY-ST-ZIP	BOCA RATON FL 33433		CITY-ST-ZIP	HIGHZ	OO, MARTU LAUREZ AVE-H LAND PARK, IL 60	00 35°	
TITLE		☐ Delete	TIŢĹĒ			☐ Change ☐ Add	dition
NAME			NAME				ĺ
STREET ADDRESS			STREET ADDRESS				- 1
CITY-ST-ZIP			CITY-ST-ZIP	_			
TITLE:	and the second s	☐ Delete	TITLE	***	•	☐ Change ☐ Add	lition
NAME			NAME				ì

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

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

☐ Delete

☐ Delete

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 aport 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

SIGNATURE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

Change

Change

☐ Addition

Addition

May 02, 2001 8:00 am Secretary of State

05-02-2001 90037 030 \*\*\*150.00