

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000071397

1. Entity Name  
**SUPERIOR GARLIC INTERNATIONAL INC.**

Principal Place of Business

~~2177 NW 8 AVE~~  
~~MIAMI FL 33127~~  
~~US~~

Mailing Address

~~2177 NW 8 AVE~~  
~~MIAMI FL 33127~~  
~~US~~

2. Principal Place of Business

**7361 NW 78 St**  
Suite, Apt. #, etc.

3. Mailing Address

**7361 NW 78 St**  
Suite, Apt. #, etc.

City & State

**Medley, Fla**

Zip

**33166**

Country

**U.S.A**

City & State

**Medley, Fla**

Zip

**33166**

Country

**U.S.A**

4. FEI Number **65-0774436**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATE CREATIONS ENTERPRISES, INC.**  
**941 4TH ST, #200**  
**MIAMI BEACH FL 33139**

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, 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

TITLE **P** ☐ Delete  
NAME **TRUJILLO, SILFREDO**  
STREET ADDRESS **2501 SW 5 ST**  
CITY-ST-ZIP **MIAMI FL 33135**

TITLE **VP** ☐ Delete  
NAME **OLMO, NILDA**  
STREET ADDRESS **3711 RIVIERA DR**  
CITY-ST-ZIP **MIAMI FL 33134**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP

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

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:

**NILDA OLMO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/9/01 (305) 888 5064**

FILED

**Jan 18, 2001 8:00 am**  
**Secretary of State**

01-18-2001 90024 013 \*\*\*150.00

**U0004238**



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)