04/26/2000 09:57 3052484060 LARRY K HOOPER

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State
05-08-2000 90216 009 ***150.00

DOCUMENT P97000080477

1. Entity Name
SUPERIOR TECHNICAL SERVICES, INC.
1915 BRICKELL AVENUE, #C412
MIAMI, FL 33139

Principal Place of Business	Mailing Address
1915 BRICKELL AVENUE, #C412 MIAMI, FL 33139	1915 BRICKELL AVENUE, #C412 MIAMI, FL 33139

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
1901 BRICKELL AVENUE		1901 BRICKELL AVENUE	
Suite, Apt #, etc. #B205		Suite, Apt. #, etc. #B205	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33139	Country DADE	Zip 33139	Country DADE

4. FEI Number 65-0794553 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
JOSE RIVAS
1915 BRICKELL AVENUE, #C412
MAIMI, FL 33129

7. Name and Address of New Registered Agent
Name JOSE RIVAS
Street Address (P.O. Box Number is Not Acceptable)
1901 BRICKELL AVENUE, #B205
City MAIMI, FL FL Zip Code 33139

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) ☐

[redacted]

10. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVTS	JOSE RIVAS 1915 BRICKELL AVENUE, #C412 MIAMI, FL 33129 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVTS	JOSE RIVAS 1901 BRICKELL AVENUE, #B205 MIAMI, FL 33139 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / 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 Date Daytime Phone #