

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000080477**

1. Entity Name

SUPERIOR TECHNICAL SERVICES, INC.**FILED**
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90103 039 ***150.00

0495635

Principal Place of Business

1915 BRICKELL AVE
#C412
MIAMI FL 33139
US

Mailing Address

1915 BRICKELL AVE
#C412
MIAMI FL 33139
US

00017514

2. Principal Place of Business

1901 Brickell Ave

3. Mailing Address

1901 Brickell Ave.

Suite, Apt. #, etc.

B-205

Suite, Apt. #, etc.

B-205

City & State

Miami, FL

City & State

Miami, FL

Zip

33129

Country

U.S.A.

Zip

33129

Country

U.S.A.

DO NOT WRITE IN THIS SPACE

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

RIVAS, JOSE
1915 BRICKELL AVE
#C412
MIAMI FL 33129

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1901 Brickell Ave.

B-205

City

Miami

FL

Zip Code

33129

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PVS
NAME RIVAS, JOSE
STREET ADDRESS 1915 BRICKELL AVE #C412
CITY-ST-ZIP MIAMI FL 33129 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 1901 Brickell Ave. B-205
CITY-ST-ZIP Miami, FL 33129 ☒ 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

1/24/01
Date305-854-5706
Daytime Phone #

CR2E034 (10/00)