

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000086083

1. Entity Name

SUPERIOR SPECIALTY STORES, INC.

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90420 005 ***150.00

Principal Place of Business

Mailing Address

ADRIANAS PARK AVE.
202 PARK AVE. SOUTH
WINTER PARK FL 32789

ADRIANAS PARK AVE.
202 PARK AVE. SOUTH
WINTER PARK FL 32789

2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3477130

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHEWAKRAM, GULABRAI
ADRIANAS PARK AVE.
202 PARK AVE. SOUTH
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name

SAME AS 6

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 D ☐ Delete
NAME SHEWAKRAM, GULABRAI
STREET ADDRESS 1618 BRIDGE WATER DR.
CITY-ST-ZIP LAKE MARY FL 32746

TITLE D ☐ Delete
NAME TRUEBA, ADRIANA
STREET ADDRESS 1618 BRIDGE WATER DR.
CITY-ST-ZIP LAKE MARY FL 32746

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 D ☒ Change ☐ Addition
NAME SHEWAKRAM, GULABRAI
STREET ADDRESS 202 PARK AVENUE SOUTH
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE D ☐ Change ☐ Addition
NAME TRUEBA, ADRIANA
STREET ADDRESS 202 PARK AVENUE SOUTH
CITY-ST-ZIP WINTER PARK, FL 32789

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

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:

GULABRAI SHEWAKRAM

3/9/01

(407) 645-4297

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034 (10/01)

0057987