

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

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02 OCT 18 PM 1:06

1. Entity Name

SUPERIOR SPECIALTY STORES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

600008527506
10/22/02--01121--022 **550.00

2. Principal Place of Business

3393 PARK GROVE COURT

3. Mailing Address

3393 PARK GROVE COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LONGWOOD, FL

City & State

LONGWOOD, FL

4. FEI Number

59-3477130

Applied For

Not Applicable

Zip

32779

Country

USA

Zip

32779

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

SHEWAKRAM, GULABRAI

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

3393 PARK GROVE COURT

City

LONGWOOD

FL

Zip Code

32779

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 resigning)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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 DIRECTOR
NAME SHEWAKRAM, GULABRAI
STREET ADDRESS 3393 PARK GROVE COURT
CITY-ST-ZIP LONGWOOD, FL 32779

TITLE DIRECTOR
NAME TRUEBA, ADRIANA
STREET ADDRESS 3393 PARK GROVE COURT
CITY-ST-ZIP LONGWOOD, FL 32779

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GULABRAI SHEWAKRAM

10-10-2002

Date

(904) 333.1569

Daytime Phone #

CR2E034B (12/01)

9/10/18/02