

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91216 006 ***150.00

DOCUMENT # P97000086083

1. Entity Name
SUPERIOR SPECIALTY STORES, INC.



Principal Place of Business
**3393 PARK GROVE COURT
LONGWOOD FL 32779**

Mailing Address
**3393 PARK GROVE COURT
LONGWOOD FL 32779**

11000000



2. Principal Place of Business

9101 INTERNATIONAL DR.

3. Mailing Address

9101 INTERNATIONAL DR.

Suite, Apt. #, etc.

SUITE 1186

Suite, Apt. #, etc.

SUITE 1186

City & State

ORLANDO, FLORIDA

City & State

ORLANDO, FLORIDA

Zip

32819

Country

USA

Zip

32819

Country

USA

4. FEI Number

59-3477130

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**SHEWAKRAM, GULABRAI
3393 PARK GROVE COURT
LONGWOOD FL 32779**

7. Name and Address of New Registered Agent

Name **SHEWAKRAM GULABRAI**

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

9101 INTERNATIONAL DRIVE

ORLANDO, SUITE 1186,

City

ORLANDO

FL

Zip Code

32819

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **GULABRAI SHEWAKRAM / PRESIDENT**

04-18-2003

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **SHEWAKRAM, GULABRAI**
STREET ADDRESS **3393 PARK GROVE COURT**
CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE **D** ☐ Delete
NAME **TRUEBA, ADRIANA**
STREET ADDRESS **3393 PARK GROVE COURT**
CITY-ST-ZIP **LONGWOOD FL 32779**

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

11. 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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **GULABRAI SHEWAKRAM / PRESIDENT**

4/18/03

(407)363-0707

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)