

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90490 050 \*\*\*150.00

**DOCUMENT # P97000106986**

1. Entity Name

**SUPERIOR PARKING SYSTEMS, INC.**

Principal Place of Business

Mailing Address

**240 NORTHEAST 17TH COURT  
 UNIT 706  
 FT LAUDERDALE FL 33305**

**240 NORTHEAST 17TH COURT  
 UNIT 706  
 FT LAUDERDALE FL 33305-2925**

2. Principal Place of Business

**2525 NE 26TH AVE**

3. Mailing Address

**2525 NE 26TH AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**FT LAUDERDALE FL**

City & State

**FT LAUDERDALE FL**

Zip

**33305**

Country

**BROWARD**

Zip

**33305**

Country

**BROWARD**

4. FEI Number

**65-0802905**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**AMERILAWYER  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name **Mark F. Booth, Esq.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**Rogers, Morris & Ziegler  
 1401 East Broward Blvd., #300**  
 City **Ft. Lauderdale, FL** Zip Code **33301**

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

**1/13/2000**

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, 2000 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	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>KINCAID, STEVEN E</b>	
STREET ADDRESS	<b>240 NORTHEAST 17TH COURT</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33305</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>LAWRENCE, ADAM M</b>	
STREET ADDRESS	<b>240 NORTHEAST 17TH COURT</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33305</b>	
TITLE	<b>STD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>EDMONDS, JASON D</b>	
STREET ADDRESS	<b>240 NORTHEAST 17TH COURT</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33305</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/23/00**

**954-849-2040**

CR2E034 (9/99)