

2001 UNIFORM BUSINESS REPORT (UBR)

4/6/1

FILED
May 18, 2001 8:00 am
Secretary of State

04-06-2001 90033 014 ***150.00

DOCUMENT # P98000007291

1. Entity Name

SUPERIOR INTERNATIONAL AGENCY, INC.

Principal Place of Business

**11310 S. ORANGE BLOSSOM TRAIL #188
 ORLANDO FL 32837**

Mailing Address

**11310 S. ORANGE BLOSSOM TRAIL #188
 ORLANDO FL 32837**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3507012**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ABIAD, RIM
 11310 S. ORANGE BLOSSOM TRAIL #188
 ORLANDO FL 32837**

Name

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. ☐

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ABIAD, RIM 11310 S. ORANGE BLOSSOM TRAIL #188 ORLANDO FL 32837	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD AL-TAYYAR, NASAR 11310 S. ORANGE BLOSSOM TRAIL #188 ORLANDO FL 32837	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ABIAD, AMINA 11310 S. ORANGE BLOSSOM TRAIL #188 ORLANDO FL 32837	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AL-TAYYAR, NASAR 11310 S. orange Blossom t. #188 Orlando, FL 32837	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ABIAD, RIM 11310 S. orange Blossom t. #188 Orlando, FL 32837	☒ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE 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

Date

Daytime Phone #

CR2E034 (10/00)