

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000010725**

1. Entity Name

SUPREME REALTY & INVESTMENTS, INC.**FILED**
Mar 28, 2001 8:00 am
Secretary of State

03-28-2001 90075 048 ***150.00

009187

Principal Place of Business

Mailing Address

1790 WEST 49 STREET
SUITE 207
HIALEAH FL 330121790 WEST 49 STREET
SUITE 207
HIALEAH FL 33012

2. Principal Place of Business

3. Mailing Address

~~1790 W. 49th ST., 207~~~~1070 W. 51st PL~~

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 207

City & State

City & State

HIALEAH, FL

HIALEAH, FL

Zip

Country

Zip

Country

33012

DADE

33012

DADE

4. FEI Number 65-0810386

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CERRA, BARBARA M
1070 WEST 51 PL.
HIALEAH FL 33012

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.
(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 State10. 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	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D	CERRA, BARBARA M	1070 WEST 51 PL. HIALEAH FL 33012	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	MARTINEZ, WILLIAM	125 PAGO PAGO DRIVE EAST ISLE OF CAPRI FL 34113	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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: Barbara M. Cerra BARBARA M. CERRA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/01 (305) 825-3221

Date

Daytime Phone #

CR2E034 (10/00)