

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90148 016 ***150.00

DOCUMENT # P98000010725

1. Entity Name

SUPREME REALTY & INVESTMENTS, INC.

Principal Place of Business

**1790 WEST 49 STREET
 SUITE 100-A
 HIALEAH FL 33012**

Mailing Address

**1070 W 51ST PLACE
 HIALEAH FL 33012**

2. Principal Place of Business

**1790 West 49 Street
 Suite, Apt. #, etc.
 100-A**

3. Mailing Address

**1070 W 51 PLACE
 Suite, Apt. #, etc.**

City & State

Hialeah

City & State

Hialeah, Fla

4. FEI Number

65-0810386

Applied For

Not Applicable

Zip

Fla 33012

Country

Dade

Zip

33012

Country

Dade

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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, 2002 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 **D** ☐ Delete
 NAME **CERRA, BARBARA M**
 STREET ADDRESS **1070 WEST 51 PL.**
 CITY-ST-ZIP **HIALEAH FL 33012**

TITLE **D** ☐ Delete
 NAME **MARTINEZ, WILLIAM**
 STREET ADDRESS **125 PAGO PAGO DRIVE EAST**
 CITY-ST-ZIP **ISLE OF CAPRI FL 34113**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** ☒ Change ☐ Addition
 NAME **CERRA, BARBARA M**
 STREET ADDRESS **1070 W 51 PL**
 CITY-ST-ZIP **HIALEAH, FL 33012**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

BARBARA M. CERRA
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BARBARA M. CERRA

4-19-02 305-825-3221

Date

Daytime Phone #

CR2E034 (9/01)