2001 UNIFORM BUSINESS REPORT (UBR)

Jan 25, 2001 8:00 am Secretary of State DOCUMENT # P98000077994 SUPER STYLE ENTERPRISES, INC. 01-25-2001 90114 007 ***150.00 Principal Place of Business Mailing Address 980 PASADENA AVE. 980 PASADENA AVE. SUITE A SUITE A ST. PETERSBURG FL 33707 ST. PETERSBURG FL 33707 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3558487 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired ____ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JACKSON, GEORGE R JR. Street Address (P.O. Box Number is Not Acceptable) 980 PASADENA AVE. SUITE A ST. PETERSBURG FL 33707 Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition ☐ Delete TITLE TITLE JACKSON, GEORGE JR NAME NAME 980 PASADENA AVE., STE. A STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL 33707 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE □ Delete TITLE OCHOA, JOSE JR NAME NAME 980 PASADENA AVE., STE. A STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL 33707 CITY-ST-ZIP CITY-ST-7IF Addition Change TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE: _

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

- Jose F. Ochoa JR. 1-14-61 (727)

<u> 1211345-49</u>

Daytime Phone #

FILED