## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 27, 2001 8:00 am Secretary of State DOCUMENT # **P98000086521** A NEW SUPERIOR FINISH, INC. 04-27-2001 90319 004 \*\*\*150.00 Principal Place of Business Mailing Address 4650 SW 51TH ST PO BOX 290036 #706 DAVIE FL 33329-0036 131431 DAVIE FL 33314 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0866785 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ILYAT WILYAT, JOHN V Street Address (P.O. Box Number is Not Acceptable) 101 N.W. 115 AVENUE #210 PLANTATION FL 33325 4510 FAIRFAX 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE M Change ☐ Addition NAME WILYAT, JOHN V NAME 14510 FAIRFAX PLACE STREET ADDRESS 101 N.W. 115 AVENUE #210 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAVIE, FL. 33325 PLANTATION FL 33325 Delete TITLE 🛣 Change WILYAT, MARY NAME 14510 FAIRFAX PLACE STREET ADDRESS STREET ADDRESS 101 N.W. 115 AVENUE #210 CITY-ST-ZIP CITY-ST-ZiP DAVIE, FL. 33325 PLANTATION FL 33325 Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-Z!P CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-Z1P CITY-ST-ZIP TITLE ☐ Delete T:T: F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TITL F Delete TITLE ☐ Change Addition NAME STREET AUDRESS STREET ADDRESS CITY-ST-ZIP 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.