


FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90070 045 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000101067					
1. Entity Name SUPERIOR MORTGAGE OF SOUTH FLORIDA, INC.					
Principal Place of Business 16764 NW 67TH AVE MIAMI, FL 33015			Mailing Address 16764 NW 67TH AVE MIAMI, FL 33015		
2. Principal Place of Business 198 NW 79th street			3. Mailing Address 198 NW 79th street		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State MIAMI		City & State MIAMI		4. FEI Number 65-0884636	
Zip 33150		Country Dade		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BOGLE, CURT 16764 NW 67TH AVE HALEAH, FL 33015			7. Name and Address of New Registered Agent Name CURT Bogle Street Address (P.O. Box Number is not Acceptable) 198 NW 79th street City MIAMI FL Zip Code 33150		
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Curt Bogle CURT Bogle DATE 4/28/03 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature required when resigning)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS BOGLE, CURT 16764 NW 67TH AVE MIAMI, FL 33015	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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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	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: Curt Bogle CURT Bogle			DATE 4/28/03 305-751-1875		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small>		

CH2E034 (10/02)