2000 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Apr 17, 2000 8:00 am Secretary of State DOCUMENT # **P99000005891** SUPREME BUILDING SERVICES INC. 04-17-2000 90140 019 ***150.00 Mailing Address Principal Place of Business 1841 SW 42ND TERRACE 1841 SW 42ND TERRACE FORT LAUDERDALE FL 33317-6311 FORT LAUDERDALE FL 33317 2. Principal Place of Business 3. Mailing Address BENE Same DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State Not Applicable \$8.75 Additional Zip Country Zip. Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agents. -PENA, MARIBEL ALMANZAR MARÍBEL Street Address (P.O. Box Number is Not Acceptable) 1841 SW 42ND TERRACE FORT LAUDERDALE FL 33317 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. DATE 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Addition TITLE TITLE ALMANZAR ALMANZAR; FRANCISCO PENA. MARIBEL ARIBEL NAME 1841 S.W. 42nd TERRACE STREET ADDRESS STREET ADDRESS 1841 SW 42ND TERRACE FT. LAUDERDALE, FL. 33317. CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33317 ☐ Addition Change TITLE ☐ Delete TITLE NAME ALMANZAR, MARIBEL NAME 1841 S.W. 42ND TERRACE FT. LAUDERDALE, FL. 33317. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition. ☐ · Delete -TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS 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