

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000027327

1. Entity Name
SUPREME INVESTIGATIONS, INC.

FILED
Mar 09, 2001 8:00 am
Secretary of State

03-09-2001 90492 044 ***150.00

Principal Place of Business

750 E. SAMPLE ROAD
BLDG 2 STE 211
POMPANO BEACH FL 33064

Mailing Address

C/O COMPUKEEPER
1446 NW 2ND AVENUE #105
BOCA RATON FL 33432

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0902667**

Applied For
Not Applicable.

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TATTO, MONIQUE
9193 SW 20TH STREET
BOCA RATON FL 33428

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D									
	TATTO, MONIQUE	9193 A SW 20TH STREET	BOCA RATON FL 33428							
	PD									
	TATTO, MONIQUE	9193A. S.W. 20TH ST.	BOCA RATON FL 33428							
	VP									
	EMERSON, ZANE	455 NE 35TH STREET	BOCA RATON FL 33431							

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: **X** *M. Tatto* **M. Tatto, PD** **1/29/01** **954-784-1199**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)