

2000 UNIFORM BUSINESS REPORT (UBR)

04-17-2001 90112 014 ***150.00

DOCUMENT # P99000034866

1. Entity Name

SUPERIOR TRIM, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAY 14 PM 12:20

Principal Place of Business

10007 WINDING LAKE ROAD #202
SUNRISE FL 33351

Mailing Address

10007 WINDING LAKE ROAD #202
SUNRISE FL 33351-5847

2. Principal Place of Business

3300 N. ST. RD. 7

Suite, Apt. #, etc.

Box 554

City & State

HOLLYWOOD

Zip

33021

Country

FL-BROWARD

3. Mailing Address

3300 N. ST. RD. 7

Suite, Apt. #, etc.

Box 554

City & State

HOLLYWOOD FL.

Zip

33021

Country

BROWARD

REINSTATEMENT

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DUBOIS, REJEAN ANDRE
10007 WINDING LAKE ROAD #202
SUNRISE FL 33351

7. Name and Address of New Registered Agent

Name
DUBOIS REJEAN ANDRE
Street Address (P.O. Box Number is Not Acceptable)
3300 N. ST. RD. 7 HOLLYWOOD
ESTATE-PARK # 554
City HOLLYWOOD FL Zip Code 33021

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

Rejean Dubois

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, 2000 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

TITLE
NAME
DUBOIS, REJEAN ANDRE
STREET ADDRESS
10007 WINDING LAKE ROAD #202
CITY-ST-ZIP
SUNRISE FL 33351

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
150.00-Adm

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
700004425457-4
-06/18/01--01125--023
****750.00 ****750.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AD

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:

Rejean Dubois

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-11-01 = 954-9627299

CR2E034 (9/99)

4/18