

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 11, 2001 8:00 am
Secretary of State

05-11-2001 90043 028 ***150.00

DOCUMENT # P990000047438

1. Entity Name

SUPERIOR TRAINING MEDIA, INC.

Principal Place of Business

**10850 FOX GLEN DRIVE
BOCA RATON FL 33428**

Mailing Address

**10850 FOX GLEN DRIVE
BOCA RATON FL 33428**

2. Principal Place of Business

1347 Fairfax Circle East

Suite, Apt. #, etc.

3. Mailing Address

1347 Fairfax Circle East

Suite, Apt. #, etc.

City & State

Boynton Beach, FL

City & State

Boynton Beach, FL

Zip

33436

Country

USA

Zip

33436

Country

USA

4. FEI Number

65-0925279

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CERVETTI, ARLYNE
10850 FOX GLEN DRIVE
BOCA RATON FL 33428**

7. Name and Address of New Registered Agent

Name **Same**

Street Address (P.O. Box Number is Not Acceptable)

1347 Fairfax Circle East

City

Boynton Beach,

FL

Zip Code

33436

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

Arlyne Cervetti
Signature, typed or printed name of registered agent and title if applicable.

ARLYNE CERVETTI PRESIDENT 4-27-01
(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

TITLE **D** ☐ Delete
NAME **CERVETTI, ARLYNE**
STREET ADDRESS **10850 FOX GLEN DRIVE**
CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1347 Fairfax Circle East**
CITY-ST-ZIP **Boynton Beach, FL 33436**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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.

SIGNATURE:

Arlyne Cervetti
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARLYNE CERVETTI PRESIDENT 4-27-01

Date

Daytime Phone #

561-969-7096

CR2E034 (10/00)