

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000060891

1. Entity Name

SUPER SYSTEMS, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90162 042 ***150.00

Principal Place of Business

Mailing Address

~~1716 NW 82ND AVE.~~
~~MIAMI FL 33126~~

~~1716 NW 82ND AVE.~~
~~MIAMI FL 33126~~

2. Principal Place of Business

3504 SW 173 TER.

3. Mailing Address

3504 SW 173 TER.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIRAMAR, FLORIDA

City & State

MIRAMAR, FLORIDA

4. FEI Number

65-0975858

Applied For

Not Applicable

Zip

33029-1616

Country

USA

Zip

33029-1616

Country

USA

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

ESTANISLAU, JOHN
~~1716 NW 82ND AVE.~~
~~MIAMI FL 33126~~

Name

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

3504 SW 173 TER.

City

MIRAMAR

FL

33029-1616

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

John Estanislau

4-7-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME PSM.
STREET ADDRESS ESTANISLAU, JOHN
CITY-ST-ZIP 3504 SW 173 TER.
MIRAMAR, FL 33029

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

John Estanislau
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-00

Date

305-471-0700

Daytime Phone #

CR2E034 (9/99)