FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jan 23, 2002 8:00 am P99000081476 **DOCUMENT # Secretary of State** 1. Entity Name 01-23-2002 90023 011 ***150.00 SUPER'S DESIGNS U.S.A., INC. Principal Place of Business Mailing Address 3000 NW 79 AVE 15281 S.W. 108 TERR. MIAMI FL 33196 STE 204 MIAMI FL 33122 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4-FEI:Number 65-0961606 City & State City & State Applied For-Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SUPERLANO, MARINA Street Address (P.O. Box Number is Not-Acceptable) 13065 SW 140 STREET 15281 S.W.: 108 TERR. MIAMI FL 33196 pent for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submit SIGNATURE Signature, typed or prin agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to sat FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elect - After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS CR2E034 (9/01) TITLE ☐ Delete TITLE Change SUPERLAND MARINA SUPERLANO, MARINA NAME NAME 13065 S.W. 140 STREET ROAD 15281 S.W. 108 TERR. STREET ADDRESS STREET ADDRESS MIAMI FL. 33186 MIAMI FL 33196 CITY-ST-ZIP CITY-ST- 7/P Delete TITLE TITLE JOSE GUILLERMO PADILLA Change Change GUILLERMO PADILLA, JOSE NAME. NAME 13065 SW 140 STREET ROAD STREET ADDRESS, 15281 S.W. 108 TERR. STREET ADDRESS MIAMI FL 33196 MIAMI PL. 33186 CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE [] Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE [] Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP rualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and that my signature shall have the same legal effect as if made under oath; that I am an officer or director is report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied with this filing indicated on this report or supplemental report is true and a of the corporation or the receiver or trustee empowered to be a composed to the corporation or the receiver or trustee empowered to be a composed to the corporation or the receiver or trustee empowered to be a composed to the corporation of the corporation or the receiver or trustee empowered to the corporation of the

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changed; or on an attachment with an address, with a