

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000102166

1. Entity Name

SUPERIOR MOBILE ADVERTISING INC.

FILED

Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90101 050 ***150.00

Principal Place of Business

Mailing Address

927 CATALONIA AVE
CORAL GABLES FL 33134

927 CATALONIA AVE
CORAL GABLES FL 33134

00002551



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

777 N.W. 72 ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3AAG7

City & State

Miami, FL

City & State

4. FEI Number

65-0959034

Applied For

Not Applicable

Zip

33126

Country

US

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

IADAROLA, DENNIS
245 18TH ST UNIT 1102
MIAMI BEACH FL 33139

Name

SAHE

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

777 N.W. 72 ave

Suite 3AAG7

City

Miami

FL

Zip Code

33126

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, 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
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
P
MAURICIO URREGO
777 N.W. 72 ave, 3AAG7
Miami, FL 33126

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
Dennis Iadarola
777 N.W. 72 ave, 3AAG7
Miami, FL 33126

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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:

Dennis Iadarola

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-28-00

Daytime Phone #

CR2E034 (9/99)