

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S16448

1. Entity Name

SUPERIOR LIQUIDATING, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90025 039 ***150.00

Principal Place of Business

Mailing Address

1141 HOLLAND DR
STE 23
BOCA RATON FL 33487
US

17465 VIA CAPRI
BOCA RATON FL 33496-1630
US

2. Principal Place of Business

1700 N. DIXIE HWY.

3. Mailing Address

Suite, Apt. #, etc.

137

Suite, Apt. #, etc.

City & State

BOCA RATON, FL.

City & State

4. FEI Number

04-2316085

Applied For

Not Applicable

Zip

33432

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MASSIRMAN, ARNOLD
2600 S OCEAN BLVD
APARTMENT 21F
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name

ARNOLD MASSIRMAN

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

17465 VIA CAPRI

City

BOCA RATON

FL

Zip Code

33496

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

TITLE PD ☐ Delete
NAME MASSIRMAN, ARNOLD
STREET ADDRESS 17465 VIA CAPRI
CITY-ST-ZIP BOCA RATON FL 33496

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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
CITY-ST-ZIP

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

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

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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:

Arnold Massirman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/17/00 561-394-9925

Daytime Phone #