2000 UNIFORM BUSINESS REPORT (UBR)

[redacted]

DOCUMENT # S19212

FILED

00 JUL 17 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

SUPERSTEIN & SUPERSTEIN, P.A.

Principal Place of Business	Mailing Address
1108 KANE CONCOURSE HARBOR ISLANDS FL 33154	1108 KANE CONCOURSE #309 BAY HARBOR ISLANDS FL 33154-2068 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip | Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip | Country

[redacted]

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0245445 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SUPERSTEIN, ESTHER
9028 BAY DR
SURFSIDE FL 33154

please use this address

7. Name and Address of New Registered Agent

Name SUPERSTEIN ESTHER

Street Address (P.O. Box Number is also acceptable)

City Surfside FL Zip Code 33154

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] DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

8. 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 D
SUPERSTEIN, ESTHER
9028 BAY DR
SURSIDE FL 33154
ST ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP

TS ☐ Change ☐ Addition

03-07-2000 90052 017 ** 150.00

CR2E034 (9/99)

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: [signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #