

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State
 04-16-2001 90256 011 ***158.75

DOCUMENT # S64067

1. Entity Name
SUPERIOR ELECTRICAL & ELECTRONIC DISTRIBUTORS CO

Principal Place of Business

8231 NW 68TH ST
 MIAMI FL 33166
 US

Mailing Address

8231 NW 68TH ST
 MIAMI FL 33166
 US

2. Principal Place of Business

2235 N.W. 79 AVENUE
 Suite, Apt. #, etc.

3. Mailing Address

2235 N.W. 79 AVENUE
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

4. FEI Number **65-0273671**

Applied For
 Not Applicable

Zip **33122** Country **USA**

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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

TONARELY, MILAGROS
1830 SW 104TH AVE
MIAMI FL 33165

Name

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

City

FL

Zip Code

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, 2001 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 **P** ☐ Delete
 NAME **TONARELY, MILAGROS**
 STREET ADDRESS **1830 SW 104 AVENUE**
 CITY-ST-ZIP **MIAMI FL 33165**

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

TITLE **S** ☐ Delete
 NAME **TONARELY, IGNACIO C.**
 STREET ADDRESS **11181 SW 58 TERRACE**
 CITY-ST-ZIP **MIAMI FL 33173**

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

TITLE **V** ☐ Delete
 NAME **VITERI, XAVIER**
 STREET ADDRESS **18102 SW 33 AVE**
 CITY-ST-ZIP **MIAMI FL**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 05, 2001 365-591-9606

Date Daytime Phone #

CR2E034 (10/00)