2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State
02-03-2003 90295 042 ***150.00

DOCUMENT # P00000024454

1. Entity Name
SINMAT, INC.

Principal Place of Business	Mailing Address
8615 SW 19TH ROAD GAINESVILLE FL 32607	8615 SW 19TH ROAD GAINESVILLE FL 32607

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
2153 SE HAWTHORNE Rd		2153 SE HAWTHORNE Rd	
Suite, Apt. #, etc.: SUITE 106		Suite, Apt. #, etc.: SUITE 106	
City & State: GAINESVILLE - FL		City & State: GAINESVILLE - FL	
Zip: 32641	Country: USA	Zip: 32641	Country: USA

4. FEI Number 59-3645729 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SINGH, DEEPIKA B
8615 SW 19TH ROAD
GAINESVILLE FL 32607

7. Name and Address of New Registered Agent

Name: SINGH, DEEPIKA
Street Address (P.O. Box Number is Not Acceptable): 2153 SE HAWTHORNE Rd, STE 106
City: GAINESVILLE FL Zip Code: 32641

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Deepika Singh DATE: 1/30/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCM SINGH, DEEPIKA B 8615 SW 19TH RD. GAINESVILLE FL 32607	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	M SINGH, RAJIV. K 8615 SW 19th Rd GAINESVILLE, FL-32641	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Date: 1/30/03 Daytime Phone #: 352 334 7237
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR