

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000003305

1. Entity Name

SINGLE BILLING SERVICES, INC.

**FILED**  
**Jun 09, 2000 8:00 am**  
**Secretary of State**

06-09-2000 90023 043 \*\*\*550.00

Principal Place of Business

Mailing Address

9550 FLAIR DR  
SUITE 510  
EL MONTE CA 91731

9550 FLAIR DR  
SUITE 510  
EL MONTE CA 91731-2921

2. Principal Place of Business

9550 Flair Drive

3. Mailing Address

9550 Flair Drive

Suite, Apt. #, etc.

Suite 409

Suite, Apt. #, etc.

Suite 409

City & State

El Monte, CA

City & State

El Monte, CA

4. FEI Number

52-2075540

Applied For

Not Applicable

Zip

91731

Country

USA

Zip

91731

Country

USA

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

BLANTON, EDWIN F  
825 THOMASVILLE ROAD  
TALLAHASSEE FL 32303

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, 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 PD ☐ Delete  
NAME SUN, EDWARD  
STREET ADDRESS 9550 FLAIR DR., STE. 510  
CITY-ST-ZIP EL MONTE CA 91731

TITLE PD ☒ Change ☐ Addition  
NAME Edward Sun  
STREET ADDRESS 9550 Flair Dr., Suite 409  
CITY-ST-ZIP El Monte, CA 91731

TITLE ST ☒ Delete  
NAME KWAN, MICHELLE  
STREET ADDRESS 9550 FLAIR DR., STE. 510  
CITY-ST-ZIP EL MONTE CA 91731

TITLE STD ☒ Change ☐ Addition  
NAME Helen Shih  
STREET ADDRESS 9550 Flair Dr., Suite 409  
CITY-ST-ZIP El Monte, CA 91731

TITLE D ☐ Delete  
NAME SHIH, MARTY  
STREET ADDRESS 9550 FLAIR DR., STE. 510  
CITY-ST-ZIP EL MONTE CA 91731

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

TITLE D ☐ Delete  
NAME SHIH, HELEN  
STREET ADDRESS 9550 FLAIR DR., STE. 510  
CITY-ST-ZIP EL MONTE CA 91731

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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)(f), 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 of Edward Sun*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-9-00 (626) 452-2161

CR2E034 (3/99)