

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 30, 2002 8:00 am
Secretary of State

05-30-2002 91600 035 ***150.00

DOCUMENT # **798 000003305** ✓

1. Entity Name **Single Billing Services d/b/a Asian American Asso**
9550 Flair Drive, Ste 409
El Monte CA 91731

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9550 Flair Drive

3. Mailing Address
9550 Flair Drive

Suite, Apt. #, etc.
Suite 409

Suite, Apt. #, etc.
Suite 409

DO NOT WRITE IN THIS SPACE

City & State
El Monte CA

City & State
El Monte CA

4. FEI Number

Applied For

Not Applicable

Zip Country
91731 U.S.A

Zip Country
91731 U.S.A

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name **Edwin Blanton**

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

City **Tallahassee FL** Zip Code **32303**

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 reappointing)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 **CEO/President/Director**
NAME **Jayme Amirie**
STREET ADDRESS **9550 Flair Drive, Ste 409**
CITY-ST-ZIP **El Monte CA 91731**

TITLE **Vice President/Director**
NAME **Helena Hsu**
STREET ADDRESS **9550 Flair Drive, Ste 409**
CITY-ST-ZIP **El Monte CA 91731**

TITLE **El Monte CA 91731**

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jayme Amirie

DATE

Daytime Phone #

CR2E034B (12/01)