

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 25, 2002 8:00 am**  
**Secretary of State**

02-25-2002 90032 015 \*\*\*158.75

**DOCUMENT # J17869**

1. Entity Name

**SINGER PRODUCTS, INC.**

Principal Place of Business

**5757 BLUE LAGOON DR  
 110  
 MIAMI FL 33126  
 US**

Mailing Address

**5757 BLUE LAGOON DR  
 110  
 MIAMI FL 33126  
 US**

2. Principal Place of Business

**5201 BLUE LAGOON DR**

3. Mailing Address

**SAME AS PRINCIPAL**

Suite, Apt. #, etc.

**#630**

Suite, Apt. #, etc.

City & State

**MIAMI, FLORIDA**

City & State

**MIAMI, FLORIDA**

Zip

**33126**

Country

**U.S.A**

Zip

**33126**

Country

**U.S.A**

4. FEI Number

**59-2677277**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**DIEGUEZ, ANTHONY**

**1840 W. 49TH ST., STE. 411**

**HIALEAH FL 33012**

7. Name and Address of New Registered Agent

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, 2002 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	CP	<input type="checkbox"/> Delete
NAME	ROJAS, JAIME	
STREET ADDRESS	1840 WEST 49TH, #501	
CITY-ST-ZIP	HIALEAH FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ROJAS, MARIA VICTORIA	
STREET ADDRESS	1840 WEST 49TH, #501	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	AS	<input type="checkbox"/> Delete
NAME	DIEGUEZ, ANTHONY	
STREET ADDRESS	1840 W. 49TH ST #411	
CITY-ST-ZIP	HIALEAH FL	
TITLE	GM	<input checked="" type="checkbox"/> Delete
NAME	IREGUI, HERNANDO	
STREET ADDRESS	1840 WEST 49 STREET #501	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5201 BLUE LAGOON DR. #630	
CITY-ST-ZIP	MIAMI, FL, 33126	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIANA ROJAS	
STREET ADDRESS	5201 BLUE LAGOON DR #630	
CITY-ST-ZIP	MIAMI, FL, 33126	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Anthony Diegues*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/7/02*  
 Date

*(305) 556 4106*  
 Daytime Phone #

CR2E034 (9/01)