

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-30-2002 90118 005 ****55.00

DOCUMENT # L01000016823

1. Entity Name

SINGLE PARENTS ASSOCIATION LLC

Principal Place of Business

33 4TH ST NORTH #205
 ST. PETERSBURG FL 33701

Mailing Address

33 4TH ST NORTH #205
 ST. PETERSBURG FL 33701

2. Principal Place of Business

8608 MANASSAS Rd

Suite, Apt. #, etc.

3. Mailing Address

8608 MANASSAS Rd

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

TAMPA FL

4. FEI Number

80-0036465

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

KURMAKAYEV, EDUARD
 8608 MANASSAS RD.
 TAMPA FL 33635

7. Name and Address of New Registered Agent

Name: EDUARD KURMAKAYEV

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

8608 MANASSAS RD

City: TAMPA

FL

Zip Code

33635

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

Eduard Kurmakayev

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/22/02

Date

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE: PRESIDENT
 NAME: EDUARD KURMAKAYEV
 STREET ADDRESS: 8608 MANASSAS Rd
 CITY-ST-ZIP: TAMPA FL-33635

☐ Delete

TITLE: ~~EDUARD KURMAKAYEV~~
 NAME: ~~EDUARD KURMAKAYEV~~
 STREET ADDRESS: ~~8608 MANASSAS Rd~~
 CITY-ST-ZIP: ~~TAMPA FL-33635~~

☐ Delete

TITLE: N/A
 NAME: N/A
 STREET ADDRESS: N/A
 CITY-ST-ZIP: N/A

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 CITY-ST-ZIP: N/A

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10. ADDITIONS/CHANGES

TITLE: N/A
 NAME: N/A
 STREET ADDRESS: N/A
 CITY-ST-ZIP: N/A

☐ Change ☐ Addition

TITLE: N/A
 NAME: N/A
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☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Eduard Kurmakayev

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/22/02

Date

(813) 478-9203

Daytime Phone #

CR2E083 (9/01)