

FILED
May 30, 2003 8:00 am
Secretary of State

04-29-2003 90071 023 ***160.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000090867

1. Entity Name
SINOTAILORS, INC.



Principal Place of Business
1454 INDIAN TRAILS SOUTH
PALM HARBOR, FL 34683

Mailing Address
1454 INDIAN TRAILS SOUTH
PALM HARBOR, FL 34683



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

51-0421225

Applied For

Not Applicable

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

SHIU, HUA
1454 INDIAN TRAILS SOUTH
PALM HARBOR, FL 34683

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

SIGNATURE

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

(NOTE: Registered Agent signature required when registering)

DATE

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

D

SHIU, HUA
1454 INDIAN TRAILS SOUTH
PALM HARBOR, FL 34683

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change

☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Copy to Phone #

CFR2034 (10/02)