## √ 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Apr 28, 2001 8:00 am Secretary of State DOCUMENT # P93000051728 STANDARD INVESTMENT GROUP, INC. 04-28-2001 90026 034 \*\*\*150.00 Principal Place of Business Mailing Address 3903 NORTHDALE BLVD 3903 NORTHDALE BLVD #150 E #150 E TAMPA FL 33624 TAMPA FL 33624 US HS 2. Principal Place of Business 3. Mailing Address <u>averiend</u> a N. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3194173 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WU, DONALD Street Address (P.O. Box Number is Not Acceptable) 16922 CANDELEDA DE AVILA SUITE 201 **TAMPA FL 33613** 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE Delete 🔨 TITLE HUANG, CHIEN NAME NAME N. Lakeview Drsuitel STREET ADDRESS STREET ADDRESS 3930 NORTHDALE BLVD STE, #150E CITY-ST-ZIP CITY-ST-ZIE TAMPA FL 33624 ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Change ( Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE THIE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of the same appears in Block 11 or Block 12 if changed, or on an attachment