

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000013650

1. Entity Name

SINGULAR INTERNATIONAL DEVELOPMENT, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90131 031 ***150.00

Principal Place of Business 18137 PALM BREEZE DRIVE TAMPA FL 33647 US	Mailing Address 18137 PALM BREEZE DRIVE TAMPA FL 33647-2841 US
--------------------------------------------------------------------------------	-------------------------------------------------------------------------

2. Principal Place of Business 18137 PALM BREEZE DR.	3. Mailing Address 18137 PALM BREEZE DR.
---------------------------------------------------------	---------------------------------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State TAMPA, FL	City & State TAMPA, FL
---------------------------	---------------------------

Zip 33647	Country	Zip 33647	Country
--------------	---------	--------------	---------

4. FEI Number 59-3360124	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--------------------------------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
-----------------------------------------------------------	--------------------------------

6. Name and Address of Current Registered Agent

QI, LONG J
2605 BANYAN CT. 33-C
TAMPA FL 33613

7. Name and Address of New Registered Agent

Name QI, LONGJIANG
Street Address (P.O. Box Number is Not Acceptable) 18137 PALM BREEZE DR.
City TAMPA, FL
Zip Code 33647

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 Longjiang QI, LONGJIANG PRESIDENT APR. 20, 2000
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, 2000 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P QI, LONGJIANG 18137 PALM BREEZE DRIVE TAMPA FL 33647	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LI, YEYAN 18137 PALM BREEZE DRIVE TAMPA FL 33647	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T QING, YU 18137 PALM BREEZE DRIVE TAMPA FL 33647	Delete <input checked="" type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DING, YU 18137 PALM BREEZE DR. TAMPA, FL 33647	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Longjiang QI, LONGJIANG APR. 20, 2000 813-994-9392
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #