

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000013062**

1. Entity Name

SINGER SYSTEMS, INC.*P***FILED****Aug 01, 2000 8:00 am**
Secretary of State

05-26-2000 90092 027 ***150.00

Principal Place of Business

Mailing Address

3116 N. FEDERAL HIGHWAY
SUITE 205
LIGHTHOUSE POINT FL 330643116 N. FEDERAL HIGHWAY
SUITE 205
LIGHTHOUSE POINT FL 33064-6738

2. Principal Place of Business

3. Mailing Address

2436 N. Federal Hwy
Suite, Apt. #, etc.
2052436 N. Federal Hwy
Suite, Apt. #, etc.
205

City & State

City & State

Lighthouse Point, FL

Lighthouse Point, FL

Zip

Zip

Country

Country

33064

33064

USA

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SINGER, DEBORAH
3116 N. FEDERAL HIGHWAY
SUITE 205
LIGHTHOUSE POINT FL 33064Name *Deborah Singer*Street Address (P.O. Box Number is Not Acceptable)
*2436 N. Federal Hwy, #205*City *Lighthouse Point* FL Zip Code *33064*

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4-5-00**(954) 788-3186*

CR2E034 (9/99)