

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90081 049 ***150.00

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DOCUMENT # P99000083398

1. Entity Name
STEVEN SINGH, INC.



Principal Place of Business
**12901 ORANGE GROVE BLVD.
ROYAL PALM BEACH FL 33411**

Mailing Address
**12901 ORANGE GROVE BLVD.
ROYAL PALM BEACH FL 33411**



2. Principal Place of Business
**4201 W. Blue Heron Blvd
Suite, Apt. #, etc.
Riviera Bch. FL.
City & State**

3. Mailing Address
**Suite, Apt. #, etc.
City & State**

☐ CHECK HERE IF MAKING CHANGES

Zip
33404 Country
Palm Beach

Zip Country

4. FEI Number **65-0957581**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SINGH, MAHADEO
12901 ORANGE GROVE BLVD.
ROYAL PALM BEACH FL 33411**

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **SINGH, MAHADEO**
STREET ADDRESS **12901 ORANGE GROVE BLVD.**
CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **SINGH, EVELYN**
STREET ADDRESS **12901 ORANGE GROVE BLVD.**
CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-03

Date

561-841-9766

Daytime Phone #

CR2E034 (10/02)