

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State
 05-08-2002 90077 040 ****50.00

DOCUMENT # L00000003590

1. Entity Name

HTF USA, L.L.C.



Principal Place of Business

1221 E. ROBINSON STREET
 ORLANDO FL 32801

Mailing Address

1221 E. ROBINSON STREET
 ORLANDO FL 32801

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

59-3639461

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FONG, DAVID
 1221 E. ROBINSON STREET
 ORLANDO FL 32801

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.

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 \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
 NAME CHANG, ALEXANDER
 STREET ADDRESS 7278 S. TAMiami TRAIL
 CITY-ST-ZIP SARASOTA FL 34231 ☐ Delete

TITLE
 NAME
 STREET ADDRESS 1221 E. Robinson St
 CITY-ST-ZIP Orlando FL 32801 ☒ Change ☐ Addition

TITLE MGR
 NAME NAI-I CHANG LIN
 STREET ADDRESS 7278 S. TAMiami TRAIL
 CITY-ST-ZIP ORLANDO FL 34231 ☐ Delete

TITLE
 NAME
 STREET ADDRESS 1221 E. Robinson St.
 CITY-ST-ZIP Orlando FL 32801 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
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 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Signature of NAI-I Lin
 NAI-I Lin

4-25-02

352-620-9901

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)