

DOCUMENT # P00000092259  
1. Entity Name  
HINA INVESTMENT, INC.

Principal Place of Business Mailing Address  
2 SPRING MEADOWS DR. 2 SPRING MEADOWS DR.  
ORMOND BEACH FL 32174 ORMOND BEACH FL 32174

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
Zip Country Zip Country

6. Name and Address of Current Registered Agent  
CHOKSHI, DINESH R  
2 SPRING MEADOWS DR.  
ORMOND BEACH FL 32174

7. Name and Address of New Registered Agent  
Name DESAI HEMANT R.  
Street Address (P.O. Box Number is Not Acceptable) 2 SPRING MEADOWS DR  
City ORMOND BEACH FL Zip Code 32174

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] MANISH D. DESAI Secretary 01/05/01  
Signature, type, 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, 2001 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PS<br>DESAI, HEMANT R<br>2 SPRING MEADOWS DR.<br>ORMOND BEACH FL 32174 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VT<br>DESAI, MANISH D<br>2 SPRING MEADOWS DR.<br>ORMOND BEACH FL 32174 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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: [Signature] MANISH DESAI 01-05-01 942355887  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

FILED  
Jan 12, 2001 8:00 am  
Secretary of State

01-12-2001 90005 033 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)