2001 UNIFORM BUSINESS REPORT (UBR) 2002

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DOCUMENT # P00000103476

1. Entity Name

HUI LIN ENTERPRISES, INC.

FILED

02 MAY 28 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
66 EAGLE HARBOR TRAIL PALM COAST FL 32164	66 EAGLE HARBOR TRAIL PALM COAST FL 32164

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 59-3686462

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CHIUMENTO, MICHAEL D 4 OLD KINGS RD N, SUITE B PALM COAST FL 32137	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 ______

(NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible ... ☐

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	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D O'CONNOR, MICHAEL J 66 EAGLE HARBOR TRAIL PALM COAST FL 32164 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P. - D O'CONNOR, MICHAEL J 66 Eagle Harbor Trail Palm Coast FL 32164 ☐ Change X
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D O'CONNOR, HUI L 66 EAGLE HARBOR TRAIL PALM COAST FL 32164 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D S T P O'Connor Hui Lin 66 Eagle Harbor Trail Palm Coast FL 32164 ☐ Change X
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change
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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] 4-24-2002 437-0022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR