

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000004798			
1. Entity Name H.H.T. Consulting Inc. ✓			
Principal Place of Business 333 UNIVERSITY DRIVE Suite 219 CORAL GABLES, FL 33134		Mailing Address 333 UNIVERSITY DRIVE Suite 219 CORAL GABLES, FL 33134	
2. Principal Place of Business 701 BRICKELL KEY		3. Mailing Address	
Suite, Apt. #, etc. #2407		Suite, Apt. #, etc.	
City & State MIAMI FL		City & State	
Zip 33131	Country US	Zip	Country
4. FEI Number 65-0805777		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALONSO DOMINGO CPA 250 DALENCIA AVE MIAMI FL 33134 US		7. Name and Address of New Registered Agent Name TONG HAROLD Street Address (P.O. Box Number is Not Acceptable) 701 BRICKELL KEY Blvd #2407 City MIAMI FL Zip Code 33131	
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 X <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Tong Harold Hao 333 UNIVERSITY DRIVE Suite 219 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Tong Harold Hao 701 BRICKELL KEY #2407 MIAMI FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: X [Signature]		Date 3/20/00	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90018 005 ***150.00

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DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)