

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

0276965 AV

DOCUMENT # P98000004798

1. Entity Name
HHT CONSULTING, INC.

03-12-2002 90997 028 ***150.00

Principal Place of Business
14087 SW 48TH LANE
MIAMI FL 33175

Mailing Address
14087 SW 48TH LANE
MIAMI FL 33175

2. Principal Place of Business

1738 Harbor View Circle
 Suite, Apt. #, etc.

3. Mailing Address

301 Almeria Ave
 Suite, Apt. #, etc.
Ste 3

City & State

Weston, FL

City & State

Coral Gables

Zip

33327

Country

USA

Zip

FL

Country

33134



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0805777

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

TONG, HAROLD
14087 SW 48TH LANE
MIAMI FL 33175

7. Name and Address of New Registered Agent

Name

Tong, Harold

Street Address (P.O. Box Number is Not Acceptable)

1738 Harbor View Circle

City

Weston

FL

Zip Code

33327

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

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, 2002 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

TITLE **PD** ☐ Delete
 NAME **TONG, HAROLD**
 STREET ADDRESS **14087 SW 48TH LANE**
 CITY-ST-ZIP **MIAMI FL 33175**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
 NAME **Tong, Harold**
 STREET ADDRESS **1738 Harbor View Circle**
 CITY-ST-ZIP **Weston, FL 33327**

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

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 NAME
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 CITY-ST-ZIP

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 other 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, name or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)