2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000030403 1. Entity Name H & T INTERNATIONAL TRADING CO., INC.								FILED SECRETARY OF STAT DIVISION OF CORPORAT O3 APR - 1 AM 8:	•	4	
Principal Place of Business - 425 TERRACE ST. TALLAHASSEE FL 32308 Mailing Address 425 TERRACE ST. TALLAHASSEE FL 32308 TALLAHASSEE FL 32308						<u> </u>			*****		
2. Principal P	Place of Busin	ness	3. Mai	3. Mailing Address					HALL BOOK BY		
Suite, Apt.	#, etc.		Suit	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & Stat	te	. .	City	City & State			4.	FEI Number 65-0830720	Applied For Not Applicable		
Zip	p Country		Zip	Zip		Country		Certificate of Status Desired	of Status Desired \$8.75 Additional Fee Required		
6. Name and Address of Current R				ed Agent	7. Name and Address of New Registered Agent Name						
SHEN, ZUFU 425 TERRACE ST. TALLAHASSEE FL 32308						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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of legistered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								9. Election Campaign Financing Trust Fund Contribution.		.00 May Be led to Fees	
10.	(50	OFFICERS AN	D DIRECTO		11.		Αſ	DDITIONS/CHANGES TO OFFICERS AND			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP ZHU, YUE 20813 N.\ N. MIAMI	W. 9TH COURT., SUIT	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			7000185733 05/08/09-01067032	□ Change **158.			
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.											
SIGNATURE: SIGNATURE AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #											