

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000033506

1. Entity Name

AH-MING, INC.

FILED

May 04, 2000 8:00 am  
Secretary of State

05-04-2000 90103 019 \*\*\*150.00

Principal Place of Business

Mailing Address

264 NW 46 ST  
BOCA RATON FL 33431  
US

264 NW 46 ST  
BOCA RATON FL 33431-4783  
US

LUU01414



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3503189

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

KUTCHINS, BRYAN A  
3974 TAMPA RD  
OLDSMAR FL 34677

Name Scott S. Kutchins  
Street Address (P.O. Box Number is Not Acceptable)  
264 NW 46 STREET  
City Boca Raton FL Zip Code 33431

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

Scott S. Kutchins

04/22/00 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, 2000 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	D	<input type="checkbox"/> Delete
NAME	KUTCHINS, WALTER	
STREET ADDRESS	3974 TAMPA RD	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	TS	<input type="checkbox"/> Delete
NAME	KUTCHINS, SCOTT S	
STREET ADDRESS	264 NW 46 ST	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D, P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Deletion
NAME	Kutchins, Walter S.	
STREET ADDRESS	264 NW 46 STREET	
CITY-ST-ZIP	Boca Raton FL 33431	
TITLE	T, S, D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Deletion
NAME	Kutchins, Scott S.	
STREET ADDRESS	264 NW 46 STREET	
CITY-ST-ZIP	Boca Raton FL 33431	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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: Scott S. Kutchins 04/22/00 561-393-6235  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)