

001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State
 05-22-2001 90008 030 ***150.00

DOCUMENT # P98000095995
Entity Name
 A Hui Hou, Inc. ✓

Principal Place of Business
 329- Falcons Fire Ave
 Las Vegas, NV 89148-2744

00056171

Principal Place of Business
 same

1. Mailing Address
 same

City & State
 City: Las Vegas, NV
 Country: NV

4. FEI Number
 59-3544887
Applied For
 Not Applicable
8. Certificate of Status Desired ☐ **9. Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 Dennis J. Lubrano
 329- Falcons Fire Ave
 Las Vegas, NV 89148-2744

7. Name and Address of New Registered Agent
 Name: SHIRLEY TYLER
 Street Address (P.O. Box Number is Not Acceptable): 7601 9TH ST N. STE C-1
 City: ST. PETERSBURG FL Zip Code: 33702-5200

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 *Shirley A Tyler*
 Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when releasing)

4-30-01

Is corporation eligible to satisfy its intangible tax filing requirement and elects to do so. (see criteria on back) ☒

18. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS			
P	Dennis J. Lubrano ☐ Delete		
ADDRESS	329- Falcons Fire Ave		
-ST-	Las Vegas, NV 89148		
VP	Juanilla F. Lubrano ☐ Delete		
ADDRESS	329- Falcons Fire Ave		
-ST-	Las Vegas, NV 89148		
	☐ Delete		
ADDRESS			
-ST-			
	☐ Delete		
ADDRESS			
-ST-			
	☐ Delete		
ADDRESS			
-ST-			

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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 located 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 887, Florida Statutes; and that my name appears in Block 11 or Block 12 if signed, or on an attachment with an address, with an officer also empowered.

NATURE: *[Signature]*

5/5/01

[Signature]

CR22804 (1/00)