

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000023185

1. Entity Name
HITE INVESTMENT, INC.

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90176 016 ***150.00

Principal Place of Business
12609 GULF BLVD.
TREASURE ISLAND FL 33706

Mailing Address
12609 GULF BLVD.
TREASURE ISLAND FL 33706-5017

2. Principal Place of Business
2940 54TH AVE. S.
Suite, Apt. #, etc.

3. Mailing Address
2940 54TH AVE S.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
ST. Petersburg FL
Zip 33712 Country Pinellas

City & State
ST. PETERSBURG FL
Zip 33712 Country Pinellas

4. FEI Number 59-3562956
Applied For Not Applicable

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

CHOI, HEUNG SHIK
12609 GULF BLVD.
TREASURE ISLAND FL 33706

Name
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.

SIGNATURE _____ (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, 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 NAME STREET ADDRESS CITY-ST-ZIP	D CHOI, HEUNG SHIK 12609 GULF BLVD. TREASURE ISLAND FL 33706	<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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/2000
Date

Daytime Phone #

CR2E034 (9/99)