FILED Jun 20, 2003 8:00 am Secretary of State 06-20-2003 90029 048 ***150.00

FOR I	PROFIT	CORPOR	CITAS	N
UNIFORM	I BUSIN	ESS REP	ORT ((UBR)

U	NIFORM	RO2IME	22 KEPU	KI (I	JRK)	_	
DOCU 1. Entity Nam	MENT# P	0200011	5659		0/		
HIGATE INVESTMENTS, INC.							
. 1	DO NOT	WRITE	IN THIS	SPA	CE		
,			The same state of		der i grette blad bare ta men stationer et de	01107609	
2. Principal Place of Business 1221 BRICKELL AVE 3. Mailing Address 1221 BRICKELL		ELL AVE	<u> </u>	80127002			
Suite, Apt. #, etc. SUITE 900 SUITE 900		-		DO NOT WRITE IN THIS SPACE			
City & State City & State MIAMI FL MIAMI FL				4. FFI Number 46-050 1885 Applied For Not Applicable			
Zip -33131	Countr		Ζip 33131		ountry SA	5. Certificate of Status Desired	
	,	* - 1	1 1 1 1 1 1 1			and Address of Registered Agent	
	***	ور ورسال د وروز وتواو او دورو			Name A1A REGISTERED AGENT, INC.		
				: : : : : : : : : : : : : : : : : :	Street Address (P.O. Box Number is Not Acceptable)		
The second secon		اُنْ الْمُنْ إِنْ الْمُنْ إِنْ الْمُنْ الْمَنْ الْمُنْ الْمُنْ الْمُنْ الْمُنْ الْمُنْ الْمُنْ الْمُنْ الْمُنْ		D AVENUE SUITE 1036			
es e			B. Lean		City MIAMI	FL Zip Code 33131	
B. The above	named entity submits	this statement for	the purpose of chang	ing its regis	stered office or register	red agent, or both, in the State of Florida.	
61611471105	V . 10 4			PAULS	SMITH, VICE-PR	RESIDENT 4-30-03	
SIGNATURE :	Signature, typed or printed nat	na uneça bensegen lo em	nd title of applicables		sered Agers styswam required		
Tax filing	oration is eligible to sat requirement and elects ria on back)		After Am	r May 1, Fo	Fee is \$150.00 as is \$550.00 IR is \$61.25	कृतिक्षि Trust Fund Contribution. 🔲 Added to Fees	
11.		OFFICERS AND D	A Calculation vis			letel at at east of activities to the state of the state	
THILE	The state of the s						
NAME STREET ADDRESS CITY+ST+ZIP	ET ADDRESS 162 STAINES ROAD LLFORD ESSEX			.4	MANE STREET ADDRESS CITY ST. ZIP 1	CRZE034B (12/01	
FIFE	PRASAD, ALLAN STREET ADDRESS 45 BRANCH ROAD HAINUALT ESSEX			1 -	HAMI TO THE STATE OF THE STATE	XX.	
					SINGER ADDRESS		
TIFLE	CHOOSE STATE	<u>= 163 31L</u>			hitte summer on	da Maria da de Carlos de Composito de la composito della composito della composito della composito della compo	
NAME EXPERT ANODESE			-	Ü	NAME TO THE	m por many man a many man a	
STREET ADDRESS CITY-ST-ZIP					STREET ALTIPLESS	DO NOT WRITE	
TITLE	~				ııılı	IN THIS SPACE	
HAME Street address					STREET ADDRESS		
CTTY-ST-ZIP					CITY-SI:21P	Francisco de la companya del companya de la companya del companya de la companya del companya de la companya de la companya de la companya del companya de la companya del companya de la companya de la companya de la companya de la	
TITLE				-,-	me - i	The second secon	
HAME Street address					SINEE ADDRESS		
CUA-SI-TA					CITY ST ZIP	1	
HAME.	1	•			IMEC 144 BL	The state of the s	
STREET ADDRESS					STREET ADERESS Let Air		
43. I horaba	codify that the informat	ion eurolladisk :	his filing days are are		CITY-ST-TIP	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
indicated of the col attachme	deniny dist the miormal i on this report or suppli rporation or the register ant with an address, will	lemental report is the or trustee emporal to the control of the co	rue and accurate and wered to execute this typered.	aary tor the 6 5 that my sig s report as i	exemplion stated in Sel grature shall have the st required by Chapter 60	ection 119.07(3)(i). Florida Statules. Hurther codify that the information sime legal effect as if made under oath; that I am an officer or director 07. Florida Statutes: and that my name appears in Block 11 or on an	
SIGNAT	URE:	Offer	£ . T	HEO RI	AYE, DP	94-30-03	
<u> </u>	SIGNATU	URE AND DEPORTED	MTED NAME OF SIGNING OF	PFICER OR DIR	LECTOR	Date: Departe Proces #	