

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001746

1. Entity Name

H.I.G. NETWORKS CORP.

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90039 046 ***150.00

Principal Place of Business

Mailing Address

C/O JASON S. OLETSKY, ESQ.
201 SOUTH BISCAYNE BLVD
MIAMI FL 33131

C/O JASON S. OLETSKY, ESQ.
201 SOUTH BISCAYNE BLVD
MIAMI FL 33131-4332

2. Principal Place of Business

201 South Biscayne Blvd.

3. Mailing Address

201 So. Biscayne Blvd.

Suite, Apt. #, etc.

Suite 1700

Suite, Apt. #, etc.

Suite 1700

City & State

Miami FL

City & State

Miami FL

Zip

33131

Country

Zip

33131

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MIAMI CENTER REGISTERED AGENTS, INC.
201 S. BISCAYNE BLVD
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

Miami Center Registered Agents, Inc.

Street Address (P.O. Box Number is Not Acceptable)

201 So. Biscayne Blvd.

Suite 1700

City

Miami

FL

Zip Code

33131

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.

(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

TITLE **CD** ☐ Delete
NAME **MNAYMNEH, SAMI**
STREET ADDRESS **1001 BRICKELL BAY DRIVE STE 2708**
CITY-ST-ZIP **MIAMI FL**

TITLE **V** ☐ Delete
NAME **TAMER, ANTHONY**
STREET ADDRESS **1001 BRICKELL BAY DRIVE STE 2708**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 a address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #