

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000046394**1. Entity Name
HIGHER GROUND ENTERPRISE, INC.**FILED**
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90196 007 ***150.00

Principal Place of Business

**270 WESTWARD DRIVE
MIAMI SPRINGS FL 33166**

Mailing Address

**270 WESTWARD DRIVE
MIAMI SPRINGS FL 33166**

2. Principal Place of Business

217 Hunting Lodge Dr.
Suite, Apt. #, etc.

3. Mailing Address

217 Hunting Lodge Dr.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami Springs FL

City & State

Miami Springs, FL4. FEI Number **65-0837730**

Applied For

Not Applicable

Zip

Country

33166**miami-Dade**

Zip

Country

33166**Miami-Dade**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

**MULET, CHERYL R
217 HUNTING LODGE DR.
MIAMI SPRINGS FL 33166**

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

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, 2001 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 **PD** ☐ Delete
NAME **MULET, CHERYL R**
STREET ADDRESS **270 WESTWARD DRIVE**
CITY-ST-ZIP **MIAMI SPRINGS FL 33166**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)