

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90075 026 ***158.75

DOCUMENT # 649176

1. Entity Name
HIGHLANDS VIEW, INC.

Principal Place of Business

**612 SE 5TH AVENUE
 SUITE 1
 FORT LAUDERDALE FL 33301**

Mailing Address

**612 SE 5TH AVENUE
 SUITE 1
 FORT LAUDERDALE FL 33301
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1975449**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**EVANS, JAMES D.
 612 SE 5TH AVENUE
 FORT LAUDERDALE FL 33301**

Name

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

**612 SE 5th Avenue
 Suite # 1**

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, 2002 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 ☐ Delete
 NAME **PD EVANS, JAMES D.**
 STREET ADDRESS **6520 S.W. 134TH DRIVE**
 CITY-ST-ZIP **MIAMI FL 33156**

TITLE ☒ Change ☐ Addition
 NAME **612 SE 5th Ave Suite #1**
 STREET ADDRESS **Ft LAUD, FL 33301**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **VPD EVANS, MARILYN A.**
 STREET ADDRESS **6520 S.W. 134TH DRIVE**
 CITY-ST-ZIP **MIAMI FL 33156**

TITLE ☒ Change ☐ Addition
 NAME **612 SE 5th Ave Suite #1**
 STREET ADDRESS **Ft LAUD, FL 33301**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **VST AMARO, NICHOLAS**
 STREET ADDRESS **5005 STILLWATER TERR**
 CITY-ST-ZIP **FT LAUD FL 33330**

TITLE ☒ Change ☐ Addition
 NAME **612 SE 5th Ave Suite #1**
 STREET ADDRESS **Ft LAUD, FL 33301**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 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 an address, with all other like empowered.

SIGNATURE *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/02

Date

954 522-7770

Daytime Phone #

CR2E034 (9/01)