Apr 29, 2002 8:00 am Secretary of State 04-29-2002 90132 040 ***150.00 **FILED**

2002 UNIFORI	M BUSINESS	REPORT	(UBR)

DOCUMENT # 1. Entity Name

HIGH GLEN DEVELOPMENTS LIMITED, INCORPORATED

856972

Principal Pla	ce of Business	Mailing Address					
7760 WEST 2	20TH AVENUE	7760 WEST 20TH AVENUE					
SUITE #1		SUITE #1		}			
HIALEAH FL	33016	HIALEAH FL 33016		! I 3010 1 1010 0110 01110 01110		11 611 11 6 1611 1	
2. Principal I	Place of Business	3. Mailing Address					
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.		DO NOT W	VRITE IN THIS SI	PACE	
City & State		City & State		4. FEI Number 59-18140	38		oplied For
Zip	Country	Zip	Country	5. Certificate of Status Desire		8.75 Ad	ditional
	6. Name and Address of Current	Registered Agent		7. Name and Address of New	w Registered A	gent	
	IDDAY D. ID		Name				
	JRRAY B., JR.		Street Address	s (P.O. Box Number is Not Accepta	able)		
SUITE 60	OTH STREET CAUSEWAY				•		
	EACH FL 33141			. ====			
MIAMI DE	2AUTI FE 33 141		City		FL	Zip Cod	le
8. The above	e named entity submits this statement fo	r the purpose of changing its	registered office or regist	ered agent, or both, in the State of	Florida.	,,,,	
SIGNATURE							
	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	: Registered Agent signature requir	red when reinstating)	DATE		
	oration is eligible to satisfy its Intangible	l l	! FEE IS \$150.00	10. Election Campaign	Financing	\$5.0	May Ba
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so. uria on back)	After May 1, 200	! FEE IS \$150.00 2 Fee will be \$550.00 le to Department of Si		· -		O May Be d to Fees
Tax filing (See crite	requirement and elects to do so. iria on back) OFFICERS AND	After May 1, 200 Make Check Payabl	2 Fee will be \$550.00	Trust Fund Contribu	ution.	Added	to Fees
Tax filing (See crite 11.	requirement and elects to do so. iria on back) OFFICERS AND PSD	After May 1, 200 Make Check Payabl	22 Fee will be \$550.00 le to Department of St 12.	Trust Fund Contribu	OFFICERS AND (Added	to Fees
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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 rustee 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. ith an address, with all other like empowered.

SIGNATURE:

Daytime Phone #