2001 UNIFORM BUSI	NESS REPORT	' (UBR)			
DOCUMENT # A0000001137 1. Entity Name					·
HIGIER GROUP, LTD.			FILE	D	~j
Principal Place of Business	Mailing Address	 	01 APR = 2	PH 12: 18	()
1541 SUNSET DRIVE 1541 SUNSET DRIVE CORAL GABLES FL 33157 CORAL GABLES FL 33157			SECRETARY OF		V
CONTAC CARGEO 12 GOTO	SOURCE CARREST TE SOUT		TALLAHASSEE,	FLORIDA II Tu iu Tu iu Tu iu Tu iu Tu iu	: 1861 1861 1860 1881 1861 1861
2. Principal Place of Business	3. Mailing Address				
Suite, Apt. #, etc. Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		SPACE	
City & State, C. 1. C) Sity & State		4 9xivx			Applied For
Coral Gobles FL	Coral Gak		65-101	10847	Not Applicable
33143 USA	33143	USA-	5. Certificate of Sta		\$8.75 Additional Fee Required
6. Name and Address of Current R	egistered Agent	Name	7. Name and Addre	ess of New Registered	Agent
DANIELS, NICHOLAS M	Street Address (P.O. Box Number is Not Acceptable)				
one S.E. 3rd avenue, suite 2400 Therrel Baisden	,				<u> </u>
MIAMI FL 33131		City		FI	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. Capital Contributions as Shown on record. \$990.00	10. Amount of Capital Contin FLORIDA to date.	ributions	11.	MAKE CHECK PAYABL SEE REVERSE SIDE FO	
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.					
12. GENERAL PARTNER I				DDRESS CHANGES ON	
P0000069003 NAME MMK INVESTMENTS, INC.		REET ADDRESS	to 300	1541	2 Vuet Dr
STREET ADDRESS 1541 SUNSET DRIVE CORAL GABLES FL 33157	сп	Y-ST-ZIP C	ora) (sables F	-L 33143
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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes The Control of the Information 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.					
SIGNATURE: SIGNATURE OF PRINTED NAME OF SIGNAL GENERAL PARTNER					