

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000002308

1. Entity Name
HIGHLAND PROPERTIES INVESTMENTS INC.

FILED
Feb 09, 2001 8:00 am
Secretary of State

02-09-2001 90224 001 ***150.00

Principal Place of Business
1674 MERIDIAN AVE. SUITE 205
MIAMI BEACH FL 33139

Mailing Address
1674 MERIDIAN AVE. SUITE 205
MIAMI BEACH FL 33139

AU021350



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1051 Collins Ave
Suite, Apt. #, etc.
Suite # 28

3. Mailing Address
1051 Collins Ave
Suite, Apt. #, etc.
Suite # 28

City & State
Miami Beach

City & State
Miami Beach

4. FEI Number **13-1216273**

Applied For
Not Applicable

Zip
33139

Country
Fla

Zip
33139

Country
Fla

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CAPITAL CONNECTION INC.
417 E. VIRGINIA STREET, SUITE 1
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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

TITLE **C** ☐ Delete
NAME **FISCHER, MICHAEL**
STREET ADDRESS **1674 MERIDIAN AVE.**
CITY-ST-ZIP **MIAMI FL 33139**
1051 Collins Ave Suite #28

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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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

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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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 1 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Michael Fischer** **02/07/01** **(305) 535-9966**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)