2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G79706 1. Entity Name HILLSBORO PROPERTY INVESTMENTS, INC.					Nar 12, 2002 8:00 am Secretary of State 03-12-2002 90280 005 ***158.75			
Principal Place of Business 1194 N OCEAN BLVD VILLA 50 HILLSBORO BEACH FL 33062		Mailing Address JUPITER LAW CENTER 6390 INDIANTOWN RD STE 30 JUPITER FL 33458						
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Numb	er 59-2422775	 +- -	oplied For	
Zip Country		Zip Country		5. Certificate	Certificate of Status Desired XX \$8.75 Additional Fee Required			
	6. Name and Address of Current Ro	egistered Agent		7. Name and	Address of New Registe			
GUMSON, ADAM S CHASEWOOD PLAZA SUITE 30 6390 INDIANTOWN RD			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
JUPITER	FL 33062		City		<u></u>	FL Zip Cod	e	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! F After May 1, 2002 F Make Check Payable to			Fee will be \$550.00	10. El	ection Campaign Financingust Fund Contribution.	☐ Added	May Be	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GAUDREAU, ANDRE 9 TRAVERSE LAVAL CP1400 QUEBEC, CANADA	RECTORS Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS	/CHANGES TO OFFICERS	S AND DIRECTOR:	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GAUDREAU, PIERRE 750 S FEDERAL HWY POMPANO BEACH FL 33062	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME	المستحددة المستحددة		[] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		,	[] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP			[] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		,	[] Change	Addition	
indicated	certify that the information supplied with the lon this report or supplemental report is to poration or the receiver or trustee impower, or on an attachment with an address, with	ue and accurate and that my s	ionature shall have the	e same legal effec	of as if made under path: the	nat I am an officer	or director	

SIGNATURE: