2002 Uniform Business Report (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 02, 2002 8:00 am Secretary of State H92714 DOCUMENT # 1. Entity Name 04-02-2002 90920 008 ***150 00 HI FLA, INC. Mailing Address Principal Place of Business 1068 W. FLAGER STREET 1068 W. FLAGER STREET **MIAMI FL 33130 MIAMI FL 33130** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2625930 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TACHER, SALVADOR Street Address (P.O. Box Number is Not Acceptable) 1068 W. FLAGER STREET **MIAMI FL 33130** City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Sec Albalak TITLE Change ☐ Addition TITLE Delete TACHER, SALVADOR NAME NAME 3600 YACHT CILL DR#201 11640 CANAL DR STREET ADDRESS STREET ADDRESS NORTH MIAMI FL CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITI F ALBALAH, ISRAEL NAME NAME STREET ADDRESS 8101 BYRON AVE, APT 301 STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME 3840 YACKY CHO DR#807 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.