## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

Mailing Address 1068 W. FLAGER STREET

## DOCUMENT #

Principal Place of Business

1068 W. FLAGER STREET

H92714

1. Entity Name

HI FLA, INC.

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Feb 03, 2003 8:00 am Secretary of State **FILED** 

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MIAMI FL 331	130		MIAMI	FL 33130								
2. Principal Place of Business 3.			3. Mailin	. Mailing Address						ieli bibi bibi		61611 61611 1661
Suite, Apt. #, etc.			Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State					4. FEI Number	59-2625930	)		oplied For
Zip	÷	Country	Zip	- w-	Coun	itry		5. Certificate of	Status Desired		\$8.75 Ad Fee Require	ditional
	6. Name	and Address of Current F	egistered	Agent	-		L.	7. Name and A	ddress of New F	legistered	Agent	
						Name .						
TACHER, SALVADOR 1068 W. FLAGER STREET					Street Address (P.O. Box Number is Not Acceptable)							
MIAMI FL 33130 -												
and the same of th					City	▝▃						
		y submits this statement for ered agent	the purpos	se of changing its	registere	ed office o	r registere	d agent, or both,	in the State of Fk	orida. Lam	n familiar with,	and accept
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  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State								ion Campaign Fir Fund Contributio	•		0 May Be d to Fees	
10.	₹.	OFFICERS AND D	IRECTORS	S	11.			ADDITIONS/CH	HANGES TO OFF	ICERS AN	ID DIRECTOR	S IN 11
TITLE TANAME STREET ADDRESS CITY-ST-ZIP	DP TACHER, 11640 CA NORTH N			☐ Delete				~***			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		AFAEL CHR CLUB DR #807 A FL 33180	•	DE Delete			MA' 364 A	YA KAS O Yacht Ventuca	FACIUB D	r. Ago	Mange F. F07	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALBAKD, 8600 YAC MIAMI FL	HT CLUB DR. #201		☑ Delete			AL 36	BALAH 00 YACH Aventur	FACIUDD FL 3: LUNA LONA A FE	Drive 331	Change  1-20    1-10	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete						•	☐ Change	Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

☐ Delete

305 324-8177 Daytime Phone #

Change

☐ Change

☐ Addition

☐ Addition