

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P000000 14049**
 1. Entity Name
HSE INVESTMENTS INC.

FILED
May 22, 2001 8:00 am
Secretary of State
 05-22-2001 90004 033 ***150.00

Principal Place of Business Mailing Address
 400 S.W. 107TH AVENUE 400 S.W. 107TH AVENUE
 SUITE 406 SUITE 406
 MIAMI FL 33174 MIAMI FL 33174-8400

659018

2. Principal Place of Business
3806 SW 137 Ave
 Suite Apt # etc

3. Mailing Address
 State, Apt #, etc

DO NOT WRITE IN THIS SPACE

City & State
Miami FLA.
 Zip
33175 Country
US

City & State

4. FEI Number
65-0912 546

Added For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARCIA, REBECCA

Name

Street Address (P.O. Box Number is Not Accepted)

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 of the named name of registered agent and to be added to file

NOTE: Registered Agent signature required on all transactions

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, 2000 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**

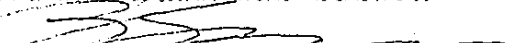
11. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	GARCIA, REBECCA	
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(b), 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 on behalf of that officer or director of the corporation or the incorporator or trustee empowered to execute this report as required by Chapter 687, 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

SIGNATURE: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-01 (305) 551-4884