FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Apr 26, 2002 8:00 am 5 Secretary of State P00000077551 DOCUMENT # 1. Entity Name HIGH LIFE SPIRITS INC. 04-26-2002 90012 033 \*\*\*150.00 Principal Place of Business Mailing Address 7108 SW-127TH COURT 7108 SW 127TH COURT **MIAMI FL 33183 MIAMI FL 33183** 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 Number Applied For 65-1030654 Not Applicable Zip -Zio=-----Country **\$8:75**-Additional\_ 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AGUILA, MANUEL Street Address (P.O. Box Number is Not Acceptable) 7108 SW 127TH COURT **MIAMI FL 33183** 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PVST** TITLE ☐ Delete TITLE CR2E034 (9/01) ☐ Change ☐ Addition AGUILA, MANUEL NAME NAME 7108 SW 127TH COURT STREET ADDRESS STREET ADDRESS **MIAMI FL 33183** CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME aguila, manuel NAME STREET ADDRESS 7108 SW 127TH COURT STREET ADDRESS MIAMI FL 33183 CITY-ST-7IF CITY#ST#7IP= Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 encouraged 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 attach of the corporation of the receiver of the corporation of the receiver of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the corporation of the corporation of the corporation of the receiver of the corporation of the co