

2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90887 016 \*\*\*158.75

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DOCUMENT # P00000105522

1. Entity Name  
 HAY INVESTMENT PROPERTIES, INC.

Principal Place of Business Mailing Address  
 748 NORTH DR. 5130 COMMERCIAL DR.. STE. H  
 MELBOURNE FL 32934 MELBOURNE FL 32940



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
 739 North Drive P.O. Box 411471  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 Suite B

City & State City & State 4. FEI Number Applied For  
 Melbourne, Florida Melbourne, Florida 59-3681892 Not Applicable  
 Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional  
 32934 U.S.A. 32941-1471 U.S.A. Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  
 HAY, KANITHA Name Kanitha Hay  
 5130 COMMERCIAL DR.,STE. H Street Address (P.O. Box Number is Not Acceptable)  
 MELBOURNE FL 32940 4444 Long Lake Rd.  
 City Melbourne FL Zip Code 32934

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 Kanitha Hay Kanitha Hay, <sup>vice</sup> President 3/21/02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  FILE NOW!!! FEE IS \$150.00 After May 1, 2002 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAY, CHINARA	NAME	
STREET ADDRESS	4444 LONG LAKE RD.	STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32934	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAY, KANITHA	NAME	
STREET ADDRESS	4444 LONG LAKE RD.	STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32934	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE: Kanitha Hay **REQUIRED** 3/21/02 (321)259-6106  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/01)