

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

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90738 017 ***150.00

DOCUMENT # P01000007619

1. Entity Name

High Velocity Enterprises, Inc.

DO NOT WRITE IN THIS SPACE

80062016

2. Principal Place of Business

8306 Mills Drive

Suite, Apt. #, etc.

571

City & State

Miami, FL

Zip

33183

Country

U.S.A.

3. Mailing Address

8306 Mills Drive

Suite, Apt. #, etc.

571

City & State

Miami, FL

Zip

33183

Country

U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1072205

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Myrna Taylor

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

8306 Mills Drive, #571

City

Miami

FL

Zip Code

33183

**DO NOT WRITE
IN THIS SPACE**

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

Myrna Taylor, Vice-President

Signature, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/28/02

DATE

**9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.**
(See criteria on back)

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

NAME

STREET ADDRESS

CITY - ST - ZIP

P
Karl Taylor
8306 Mills Drive, #571
Miami, FL 33183

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VP/IS
Myrna Taylor
8306 Mills Drive, #571
Miami, FL 33183

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Myrna Taylor Myrna Taylor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

786-293-0929

Daytime Phone #

CS260948 (12/01)