

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000041821

FILED
Apr 30, 2003
Secretary of State

Entity Name: HIGH PINES INVESTMENT CORP.

Current Principal Place of Business:

5200 NORTH KENDALL DRIVE
CORAL GABLES, FL 33156

New Principal Place of Business:

Current Mailing Address:

5200 NORTH KENDALL DRIVE
CORAL GABLES, FL 33156

New Mailing Address:

329 GRANELLO AVENUE
CORAL GABLES, FL 33146

FEI Number: 65-1096916

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNITED STATES REGISTERED AGENTS, INC.
329 GRANELLO AVE
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WELLER, JOHN A JR
Address: 5200 NORTH KENDALL DRIVE
City-St-Zip: CORAL GABLES, FL 33156

Title: D () Delete
Name: LEHMAN, SARA J
Address: 5200 NORTH KENDALL DRIVE
City-St-Zip: CORAL GABLES, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN A. WELLER, JR.

D

04/30/2003

Electronic Signature of Signing Officer or Director

Date