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

SIGNATURE:

FILED Jun 03, 2002 8:00 am Secretary of State

DOCUN 1. Entity Name HIGH	MENT	# Po ASS	100C ENT	107753 ERPRISE	INC.	06-03-2002 91	1196 010 ***158.75	
2. Principal Pla	ace of Busin		RITE	IN THIS S				
21 SE 15 WE Suite, Apt. 1, etc.				Suite, Act. #. etc.		DO NOT WRITE IN THIS SPACE		
SUITE 704 City & State MI AMI, FZ				SUITE 704		4. FEI Number 65-/152018 Applied For Not Applicable		
M14 2ig331?	······································	Country	<u>.</u>	2133131	Country DADE	5. Certificate of Status Desired	\$8.75 Additional	
3012		Unu.		27(24		7. Name and Address of Current Registe	Fee Required	
DO NOT WRITE					Name MA	Name MARGOS BARRIO MEVO  Street Address (P.O. Box Number is Not Acceptable)		
IN THIS SPACE						JET AVE SEE 704		
			7		City A		L 29°5°131	
8. The above	named entity	submits this sy	terfer <b>s</b> fort	he purpose of changing it	s registered office or registe	ered agent, or both, in the State of Florida.	<u> </u>	
Variett								
SIGNATURE Signature proof or printed forms of registered agent and title if applicable. (NOTE: Registered Agent signature required when rematating)  DATE  195 2 3 3 3 4 4 5 5 6 6 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7								
9. This corporation is eligible to satisfy its intangible Tax filting requirement and elects to do so. (See criteria on back)  After May 1 Fee is \$150.00  After May 1, Fee is \$550.00  Trust Fund Contribution.  Added to Fees								
	a on backy		<u> </u>	Make Check Pays	ble to Department of Sta	ete . i	ŀ	
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11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PRES MARIA DIS MI/ VICE	SIDES	JT	2 ONUEVO STE 704 33131 DENT MANDER	IMES NAME (STREET ADDRESS) (CITY ST. 17) (MARE	ate -	TOTAL PROJECT	
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PRINTED NAME OF SIGNING OFFICER OR DIRECTOR