

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91792 016 ***150.00

DOCUMENT # P01000115012

1. Entity Name

HIG, ENTERPRISES, CORP



Principal Place of Business

7080 W 35 AV, Ste 115
Hialeah FL 33018

Mailing Address

7080 W 35 AV, Ste 115
Hialeah FL 33018

2. Principal Place of Business

7105 SW 8 St

3. Mailing Address

7105 SW 8 St

Suite, Apt. #, etc.

309

Suite, Apt. #, etc.

309

City & State

Miami FL

City & State

Miami FL

4. FEI Number

65-1157658

Applied

Not App

Zip

33144

Country

Zip

33144

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OSPINA ANDRES
7080 W 35 AV, Ste 115
Hialeah FL 33018

Name

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

7105 SW 8 St

309

City

Miami

FL

Zip Code

33144

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. I am familiar with, and a the obligations of registered agent.

SIGNATURE

[Signature]

OSPINA ANDRES

4/28/07

Signature, Print or Typed Name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 Me
Added to Fe

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1

TITLE PSD MANOTAS JAIME E. ☐ Delete
NAME
STREET ADDRESS 7080 W 35 AV #115
CITY-ST-ZIP Hialeah FL 33018

TITLE PD OSPINA ANDRES ☒ Change ☐
NAME
STREET ADDRESS 7105 SW 8 St #309
CITY-ST-ZIP Miami FL 33144

TITLE VD VELOZA ARMANDO ☐ Delete
NAME
STREET ADDRESS 7080 W 35 AV #115
CITY-ST-ZIP Hialeah FL 33018

TITLE VD CARMEN C. OLIVERA ☒ Change ☐
NAME
STREET ADDRESS 7105 SW 8 St #309
CITY-ST-ZIP Miami FL 33144

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD JAIME E. MANOTAS ☒ Change ☐
NAME
STREET ADDRESS 7105 SW 8 St #309
CITY-ST-ZIP Miami FL 33144

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

OSPINA ANDRES

4/28/03

305 226-344

Signature and Typed or Printed Name of Signing Officer or Director

Date

Telephone #