

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

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90255 001 ***150.00

DOCUMENT # P02000003454

1. Entity Name

HIVE INTERACTIVE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4132 SW 62nd AVENUE

3. Mailing Address
4132 SW 62nd AVENUE

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip
33155

Country
USA

Zip
33155

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of Registered Agent

Name
JOHN POLK

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

4132 SW 62nd AVENUE

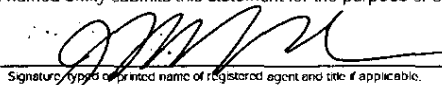
City **MIAMI**

FL

Zip Code
33155

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



JOHN POLK

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

(NO IL: Registered Agent signature required when restateing)

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
**DIRECTOR
JOHN POLK
4132 SW 62nd AVENUE
MIAMI, FL 33155**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DIRECTOR
MONICA LOPEZ
4132 SW 62nd AVENUE
MIAMI, FL 33155**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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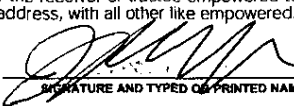
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STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
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:



JOHN POLK, DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-03

Date

305-668-926

Daytime Phone #

CR2E034B (12/01)