2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P02000029402 **DOCUMENT #**

1. Entity Name

HORIZON LAND INVESTMENT, INC.



FILED Feb 07, 2003 8:00 am Secretary of State
02-07-2003 90070 004 ***158.75

	- Series
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Principal Plac	ce of Business		Maili	ng Address									
8725 SW 109				SW 109 STREET				•					
MIAMI FL 331	76		MIAN	AI FL 33176									
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2. Principal Place of Business 3. Mailing Address			iling Address				I IMMSEMMI FAL MMSEM HENRY MASIN WALLE NO.	111 M M 11 M 41 M 4	# F#HI BIBIT	00 9 0 0			
Suita Ant	# 010	 				101							
Suite, Apt.	. #, e t¢.		Sui	te, Apt. #, etc.				☐ CHECK HERE IF N	AKING C	HANGES			
City & Stat	to		Cit	010									
City & State			l City	City & State			'	4. FEI Number		_ '	pplied For		
Zip Country			710	Zip Country				01-0646149	_/_		ot Applicable		
_,p	Zip Country Zip Cou		Coun	шу	!	5. Certificate of Status Desired	™ \$	8.75 Added Require	ditional				
	6. Name	and Address of Cu	rrent Register	ed Agent	<u> </u>			7 Name and Address of New Pegis			30		
						7. Name and Address of New Registered Agent Name							
LARA, LUI	IS F												
	109 STREET	•				Street Addre	ess (P.C	D. Box Number is Not Acceptable)					
MIAMI FL													
IMINIMI FE	33110										ĺ		
		>				City			FL	Zip Cod	e		
9 The above	nomed ontitu	oubmite this states											
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 accept the obligations of registered agent.													
The second of register of agents.													
SIGNATURĘ.													
	Signature, typed o	or printed name of registere	d agent and title if app	plicable. (NOTE	: Registered	d Agent signature rei	quired whe	en reinstating)	DATE				
		FEE IS \$150.0											
		3 Fee will be \$55		1				 Election Campaign Financi Trust Fund Contribution. 	ing 🔲		May Be		
Make Check Payable to Florida Department of State								nust fund Continuation.		Added	J to rees		
10.	T	OFFICERS	AND DIRECTO)RS	11.			ADDITIONS/CHANGES TO OFFICER	S AND D	IRECTOR:	S IN 11		
TITLE	Р •			☐ Delete	TITLE				£	Change	Addition		
NAME : .	LARA, LUIS				NAME	E							
		109 STREET			STREI	ET ADDRESS							
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12. I hereby c	ertify that the	12. Thereby 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											

12 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 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

S'SNATURE LEQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #