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FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90177 008 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000032555

1. Entity Name
HIGHLAND PARK INVESTMENT, INC.



Principal Place of Business
3702 NE 171 ST #9
NORTH MIAMI BEACH, FL 33160

Mailing Address
3702 NE 171 ST #9
NORTH MIAMI BEACH, FL 33160

11009943



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

03-0413148

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MONTECALVO, MARIO JORGE
3702 NE 171 ST #9
NORTH MIAMI BEACH, FL 33160

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent Signature required when substituting)

DATE

FILED NOW WITH FEE IS \$150.00
APR 17 2003 FEE \$150.00
MAKES CHECK PAYABLE TO FLORIDA DEPARTMENT OF STATE

9. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete
PD	MONTECALVO, MARIO JORGE	3702 NE 171 ST #9	NORTH MIAMI BEACH, FL 33160	☐
VPD	SIROIT, GASTON	439 POINCIANA ISLAND DRIVE	NORTH MIAMI BEACH, FL 33160	☐
SD	ANGEL, JOE	2225 MERIDEAN AVE.	MIAMI BEACH, FL 33139	☐
				☐
				☐
				☐

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Change	☐ Addition
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

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 507, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)