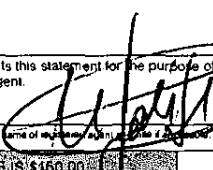
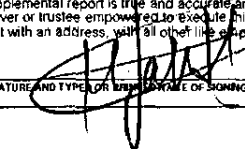


FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90185 001 ***150.00

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

DOCUMENT # P02000056671			90089550	
1. Entity Name HI-TECH LOSS CONTROL SERVICES, INC.				
Principal Place of Business 200 S. BISCAYNE BOULEVARD SUITE 5120 MIAMI, FL 33131		Mailing Address 200 S. BISCAYNE BOULEVARD SUITE 5120 MIAMI, FL 33131		
2. Principal Place of Business 169 E FLAGLER ST		3. Mailing Address 1111 GRANDOR BLVD		
Suite, Apt. #, etc. N3L		Suite, Apt. #, etc. B-505		
City & State MIAMI FL		City & State KEY BISCAYNE FL		4. FEI Number 131-96-281
Zip 33131	Country	Zip 33149	Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent MAISONNAVE, ROBERTO E 200 S. BISCAYNE BOULEVARD SUITE 5120 MIAMI, FL 33131				7. Name and Address of New Registered Agent
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  (NOTE: Registered Agent's signature required when submitting) DATE				
FILE NOW!!! FEE IS \$160.00. After May 1/2003 Fee will be \$550.00. Make 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	☐ Delete	TITLE	☐ Change	☐ Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	☐ Delete	TITLE	☐ Change	☐ Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	☐ Delete	TITLE	☐ Change	☐ Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	☐ Delete	TITLE	☐ Change	☐ Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	☐ Delete	TITLE	☐ Change	☐ Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		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 11 if changed, or on an attachment with an address, with all other like empowered.				
SIGNATURE:  SIGNATURE AND TYPE OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #				

CH2E034 (10/02)