

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90114 016 ***158.75

DOCUMENT # P02000096116

1. Entity Name
HIGH POINT I, INC.



Principal Place of Business
AURELIO A. PIEDRA III, CPA
780 NW LE JEUNE RD STE 516
MIAMI FL 33126

Mailing Address
AURELIO A. PIEDRA III, CPA
780 NW LE JEUNE RD STE 516
MIAMI FL 33126



2. Principal Place of Business
1700 E LAS OLAS BLVD

3. Mailing Address
1700 E LAS OLAS BLVD

Suite, Apt. #, etc.
PH 7

Suite, Apt. #, etc.
PH 7

City & State
FT. LAUDERDALE, FLORIDA

City & State
FT. LAUDERDALE, FLORIDA

4. FEI Number
02-0642912

Applied For
Not Applicable

Zip
33301

Country
US

Zip
33301

Country
US

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

6. Name and Address of Current Registered Agent

SKRLD, INC.
201 ALHAMBRA CIR STE 1102
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name **Aurelio A. Piedra**
Street Address (P.O. Box Number is Not Acceptable)
780 NW Le Jeune Rd
516 (516)
City **Miami** FL Zip Code **33126**

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 reinstating)

DATE

Aurelio A Piedra 2/5/03

FILE NOW!!! FEE IS \$150.00
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 **D** ☐ Delete
NAME **BERECIARTUA, EDUARDO**
STREET ADDRESS **780 NW LE JEUNE RD STE 518**
CITY-ST-ZIP **MIAMI FL 33126**

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

TITLE **D** ☐ Delete
NAME **SANTOS, FINA**
STREET ADDRESS **780 NW LE JEUNE RD STE 518**
CITY-ST-ZIP **MIAMI FL 33126**

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

TITLE **D** ☐ Delete
NAME **REYNAL, PABLO**
STREET ADDRESS **780 NW LE JEUNE RD STE 518**
CITY-ST-ZIP **MIAMI FL 33126**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
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 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED PRESIDENT EDUARDO BERECIARTUA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)