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Daytime Phone #

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

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**SIGNATURE**;

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P02000103713

1. Entity Name

GLOBAL HIGH PINES PROPERTIES, INC.

					Ser WE TH	)	CENDERCON OF T	_			
Principal Place of Business 9350 SOUTH HWY STE 1500 MIAMI FL 33156		Mailing Address 9350 SOUTH HWY STE 1500 MIAMI FL 33156			SECRETARY OF STALLAHASSEE, FLO	TATE PRIDA					
					•	}					
Principal Place of Business     3. Mailing Address			<u> </u>		-	#					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES						
City & State			City & State			4.	FEI Number 31-0572/62			pplied For ot Applicable	
Zip		Country	Zip	Count	try	5.	Certificate of Status Desired		<b>8.75</b> Add e Require		
	6. Name	and Address of Current I	Registered Agent			7.	Name and Address of New Regist	ered Ag	ent		
SEGREDO, FRANK J ESQ			}	Name							
9350 SOU	ITH HWY ST	E 1500		Ì	Street Address (P.O. Box Number is Not Acceptable)						
MIAMI FL	33156										
				}	City	FL Zip Code					
			the purpose of changing its	registere	d office or registe	ered ag	ent, or both, in the State of Florida.	I am far	nillar with,	and accept	
the obligat	ions of registe	ered agent.								}	
SIGNATURE .	Signature based a	or printed name of registered agent a	nd title it annivership	E Pagistares	l Agent signature requir	red when re	sinctation)	DATE			
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		FEE IS \$150.00 3 Fee will be \$550.00					9. Election Campaign Financin	~		<b>0</b> мау Ве	
		Florida Department of	State				Trust Fund Contribution.	Ш	Added	I to Fees	
10.		OFFICERS AND [	DIRECTORS	11.		AD	DITIONS/CHANGES TO OFFICER	S AND D	IRECTORS	S IN 11	
TITLE	D		☐ Delete	TITLE					Change	☐ Addition	
NAME	PESAJOVIO	CH, SONIA IANA DRIVE		NAME			<b>000017826</b> 05/01/030105200	963	10	j	
STREET ADDRESS CITY-ST-ZIP		ES BEACH FL 33160		- 1	ET ADDRESS   ST-ZIP		U5/U1/030105200	11 *	*330O.	00	
TITLE	0		Delete	TITLE			<del></del>		Change	Addition	
NAME	TAGLIAMO	NTE, GUILLERMINA I	23 20,00	NAME	,			-			
STREET ADDRESS		iana drive		STREE	ET ADDRESS					(	
CITY-ST-ZIP	SUNNY ISL	ES BEACH FL 33160		CITY-	ST-ZIP						
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NAME STREET ADDRESS	HELCER, S	engio Iana drive		NAME	T ADDRESS					}	
CITY-ST-ZiP		ES BEACH FL 33160			ST-ZIP						
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STREET ADDRESS					ET ADDRESS					l	
CITY-ST-ZIP	<del></del>	<del></del>			ST-ZIP				7.01		
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CITY-ST-ZIP					ST-ZIP					{	
l 12. I hereby o	ertify that the	information supplied with	this filing does not qualify fo	r the exen	nption stated in S	Section	119.07(3)(i), Florida Statutes. I furth	er certify	that the ir	nformation	
indicated	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 expecte this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if										