FILED
Jun 20, 2003 8:00 am
Secretary of State

06-20-2003 90029 048 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000115659

1. Entity Name

HIGATE INVESTMENTS, INC.

DO NOT WRITE IN THIS SPACE

80127002

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1221 BRICKELL AVE	1221 BRICKELL AVE
Suite, Apt. #, etc. SUITE 900	Suite, Apt. #, etc. SUITE 900
City & State MIAMI FL	City & State MIAMI FL
Zip 33131 Country USA	Zip 33131 Country USA

4. FEI Number 46-0501885 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

7. Name and Address of Registered Agent

Name A1A REGISTERED AGENT, INC.

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

25 S.E. 2ND AVENUE SUITE 1036

City MIAMI FL Zip Code 33131

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.

SIGNATURE [signature] PAUL SMITH, VICE-PRESIDENT 4-30-03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DP
NAME	RIAYE, THEO
STREET ADDRESS	162 STAINES ROAD LLFORD ESSEX
CITY-ST-ZIP	CHOOSE STATE IG1 2UU
TITLE	DV
NAME	PRASAD, ALLAN
STREET ADDRESS	45 BRANCH ROAD HAINUALT ESSEX
CITY-ST-ZIP	CHOOSE STATE 1G3 3TL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/01)

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] THEO RIAYE, DP 04-30-03 44 20 8553 1047

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #