

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000035046

1. Entity Name

HEMISPHERE INVESTMENTS, INC.

FILED
May 24, 2001 8:00 am
Secretary of State

05-24-2001 90502 003 ***150.00

A0071798

DO NOT WRITE IN THIS SPACE

Principal Place of Business

701 Brickell Avenue, Suite 3000
Miami, FL 33131
USA

Mailing Address

701 Brickell Avenue
Suite 3000
Miami, FL 33131
USA

2. Principal Place of Business

1571 Sawgrass Corporate Pkwy
Suite, Apt. #, etc.

3. Mailing Address

900 Convergence Networks / Legal
Suite, Apt. #, etc.
900 Chelmsford St., Tower 3

City & State
Sunrise, FL

Zip
33323

Country
USA

City & State
Lowell, MA

Zip
01851

Country
USA

4. FEI Number

65-0492136

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Intrastate Registered Agent Corporation
315 South Calhoun Street
Tallahassee FL 32301

7. Name and Address of New Registered Agent

Name
CT Corporation System
Street Address (P.O. Box Number is Not Acceptable)
1200 S. Pine Island Road
Plantation FL 33324

8. The above named entity submits this statement for the purpose of changing its registered office, or its registered agent, or both, in the State of Florida.

SIGNATURE

Robert Chow
Signature, typed or printed name of registered agent and title if applicable.

AUREN H. KREATZ
SPECIAL ASSISTANT SECRETARY

May 9, 2001
DATE

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!!

After MAY 4, 2001

Make Check Payable

FEE IS \$150.00

Fee will be \$550.00

to Department of State

10. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	CEO	<input checked="" type="checkbox"/> Delete
NAME	HOLZEMER, BEN	
STREET ADDRESS	3153 Royal Palm Avenue	
CITY-ST-ZIP	Miami Beach, FL 33140	
TITLE	TSC	<input checked="" type="checkbox"/> Delete
NAME	Rollins, Harley	
STREET ADDRESS	1561 NW 101 Way	
CITY-ST-ZIP	Plantation FL 33322	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	Gordon, Bob	
STREET ADDRESS	8175 Emerson Street	
CITY-ST-ZIP	Palo Alto CA 94301	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	Rinderknecht, Thomas	
STREET ADDRESS	8cethovenstrasse 7 Postfach 4451	
CITY-ST-ZIP	Zurich CH-8022 Switzerland	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	Carriington, John	
STREET ADDRESS	Victoria Lodge, Hermitage Walk	
CITY-ST-ZIP	London E18 2BN	
TITLE	DC	<input checked="" type="checkbox"/> Delete
NAME	Nelson, Terry	
STREET ADDRESS	8711 E Pinnacle Peak Rd	
CITY-ST-ZIP	Scottsdale AZ 85255	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thibault, John	
STREET ADDRESS	17 zues Drive	
CITY-ST-ZIP	Chelmsford, MA 01824	
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	lenahan, Pamela	
STREET ADDRESS	22 Pheasant Landing Road	
CITY-ST-ZIP	Needham, MA 02492	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Chow, Robert	
STREET ADDRESS	95 Welland Road	
CITY-ST-ZIP	Brookline, MA 02445	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 no 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert Chow
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER & DIRECTOR

Date

Daytime Phone #

5/11/01 478-323-3399

CR2E034 (11/00)