

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000075092

1. Entity Name

HI-LIFE ENTERPRISES, INC.

FILED

Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90140 050 ***150.00

Principal Place of Business

3000 N FEDERAL HWY
SUITE 12
FT. LAUDERDALE FL 33306
US

Mailing Address

3000 N FEDERAL HWY
SUITE 12
FT. LAUDERDALE FL 33306
US

2. Principal Place of Business

Same as above

3. Mailing Address

Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0617789

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PELLEGRINO, ANTHONY W ESQ.
STE. 200N - 524 S. ANDREWS AVE.
FT. LAUDERDALE FL 33301

Name

Chuck Smith

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

1741 NE 16th Ter.

City

Ft. Lauderdale

FL

Zip Code

33305

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

Chuck Smith, President

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-7-1

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DVP
NAME FERNANDEZ, CARLOS
STREET ADDRESS 1741 NE 16TH TER
CITY-ST-ZIP LAUDERDALE-BY-THE-SEA FL 33305 ☐ Delete

TITLE DVP
NAME Fernandez, Carlos
STREET ADDRESS 1741 NE 16th Ter.
CITY-ST-ZIP Ft. Lauderdale, FL 33305 ☒ Change ☐ Addition

TITLE DP
NAME SMITH, CHUCK
STREET ADDRESS 1741 NE 16TH TER
CITY-ST-ZIP FT LAUDERDALE FL 33305 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-1

Date

954-563-1395

Daytime Phone #

CR2E034 (10/00)