

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000032907

1. Entity Name

HIGHNOON INVESTMENTS INC.

Principal Place of Business

251 N. FEDERAL HWY  
BOCA RATON FL 33432

Mailing Address

251 N. FEDERAL HWY  
APT. 501C  
BOCA RATON FL 33432-3923

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0664747

Applied For

Not Applicable

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

VANHECK, JORGE P  
4201 N. OCEAN BLVD.  
APT. 501C  
BOCA RATON FL 33431

Name

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

City

FL

Zip Code

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

*Jorge P Van Heck (PR)*

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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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	O	<input type="checkbox"/> Delete
NAME	PUERTO, JAMES JAIME	
STREET ADDRESS	4201 N. OCEAN BLVD., APT. 501C	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	P	<input type="checkbox"/> Delete
NAME	VANHECK, JORGE P	
STREET ADDRESS	4201 N. OCEAN BLVD., APT. 501C	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ROJAS, MARIA EUGENIA	
STREET ADDRESS	4201 N. OCEAN BLVD., APT. 501C	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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	
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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 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:

*Jorge P Van Heck*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Apr 04, 2000 8:00 am**  
**Secretary of State**

04-04-2000 90016 050 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)