


FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90241 037 ***150.00

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

DOCUMENT # P9600076090

1. Entity Name
HEIGHTS INVESTMENTS INC.



Principal Place of Business
**65 BAYHEIGHTS DR
 MIAMI, FL 33133**

Mailing Address
**65 BAYHEIGHTS DR
 MIAMI, FL 33133**

11017014

2. Principal Place of Business
65 BAYHEIGHTS DR

3. Mailing Address
65 BAYHEIGHTS DR

Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State **MIAMI, FL** City & State **MIA, FL**

Zip **33133** Country **USA** Zip **33133** Country **USA**

4. FEI Number **65-0697829** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**AMKG REGISTERED AGENTS, INC.
 1980 SUNTRUST INTERNATIONAL CENTER
 ONE S.E. THIRD AVENUE
 MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

I, 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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
 After May 1, 2003 Fee will be \$550.00
 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE PRESIDENT	<input type="checkbox"/> Delete
NAME ECHEVERI, JUAN B	
STREET ADDRESS 66 BAYHEIGHTS DRIVE	
CITY-ST-ZIP MIAMI, FL 33133	
TITLE VP	<input type="checkbox"/> Delete
NAME ECHEVERRI, LUZ MARINA	
STREET ADDRESS 65 BAYHEIGHTS DRIVE	
CITY-ST-ZIP MIAMI, FL	
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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E034 (10/02)

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 execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Juan B Echeverri 4-19-03 305 2850495
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**JUAN B ECHEVERRI
 PRESIDENT**