

2000 UNIFORM BUSINESS REPORT (UBR)

FILE # [REDACTED]
 08-25-2000 90003 026 ***558.75
 P99000040740

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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P99000040740

1. Entity Name
HIA INVESTMENT, INC.

Principal Place of Business 2 SOUTH BISCAYNE BLVD. SUITE 3400 MIAMI FL 33131	Mailing Address 2 SOUTH BISCAYNE BLVD. SUITE 3400 MIAMI FL 33131
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2. Principal Place of Business 15001 Falkirk Place Suite, Apt. #, etc.	3. Mailing Address 15001 Falkirk Place Suite, Apt. #, etc.
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City & State Miami Lakes, FL	City & State Miami Lakes, FL
Zip 33016	Zip 33016
Country U.S.A.	Country U.S.A.

4. FEI Number 65-0920396	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired XX \$8.75 Additional Fee Required	



DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent
VALDES-FAULI CORPORATE SERVICES, INC.
 2 SOUTH BISCAYNE BLVD.
 SUITE 3400
 MIAMI FL 33131

7. Name and Address of New Registered Agent

Name EUGENIA BEHAR
Street Address (P.O. Box Number is Not Acceptable) 15001 Falkirk Place
City Miami Lakes FL Zip Code 33016

9. 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 **Eugenia Behar** DATE **8-21-00**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$550.00**
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
P/D BEHAR-YBARRA, ELIAS 15001 Falkirk Place Miami Lakes, FL 33016	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
V/D BEHAR, ABRAHAM 15001 Falkirk Place Miami Lakes, FL 30016	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
S/T BEHAR, EUGENIA 15001 Falkirk Place Miami Lakes, FL 33016	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Eugenia Behar** DATE **8-21-00** (305) 362-0506

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

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