


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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AV

**DOCUMENT # P0000086009**

1. Entity Name  
**VENEZUELAN HIGH LANDER CORPORATION**



FILED

03 OCT 31 AM 11:53

REINSTATEMENT

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**10020 NW 80 AVENUE  
HIALEAH GARDENS FL 33016**

Mailing Address  
**10020 NW 80 AVENUE  
HIALEAH GARDENS FL 33016**



2. Principal Place of Business  
**16215 SW 88 ST.**

3. Mailing Address  
**16215 SW 88 ST.**

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**Miami FL**

City & State  
**Miami FL**

Zip  
**33196**

Country

4. FEI Number  
**65-1054549**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**GARUTTI, MIGUEL  
10020 NW 80 AVENUE  
HIALEAH GARDENS FL 33016**

**7. Name and Address of New Registered Agent**

Name  
**Garutti Miguel.**

Street Address (P.O. Box Number is Not Acceptable)  
**16215 SW 88 ST.**

City  
**Miami FL**

Zip Code  
**33196**

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. 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 \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	PST GARUTTI, MIGUEL 10020 NW 80 AVENUE HIALEAH GARDENS FL 33016 <input checked="" 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST GARUTTI MIGUEL. 16215 SW 88 ST MIAMI, FL 33196 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** SIGNATURE REQUIRED **10/23/03** **305-4081800**

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

CF2E034 (4/03)