

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000064174

1. Entity Name

HIGH CONSULTING INTERNATIONAL INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90052 016 ***150.00

Principal Place of Business

10030 SW 147TH COURT
MIAMI FL 33196

Mailing Address

10030 SW 147TH COURT
MIAMI FL 33027-3760

2. Principal Place of Business

3561 SW 143 AVE.

Suite, Apt. #, etc.

3. Mailing Address

3561 SW 143 AVE.

Suite, Apt. #, etc.

City & State

MIRAMAR, FL

City & State

MIRAMAR, FL

4. FEI Number

65-0523456

Applied For

Not Applicable

Zip

Country

33027-3760

Zip

Country

33027-3760

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

SERRANO, GERARDO
10030 SW 147TH COURT
MIAMI FL 33196

Name

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

3561 SW 143 AVE.

City

MIRAMAR

FL

Zip Code

33027-3760

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

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	D	<input type="checkbox"/> Delete
NAME	SERRANO, GERARDO	
STREET ADDRESS	10030 SW 147 CT	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE	D	<input type="checkbox"/> Delete
NAME	SERRANO, NELLY	
STREET ADDRESS	10030 SW 147 CT	
CITY-ST-ZIP	MIAMI FL 33196	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3561 SW 143 AVE	
CITY-ST-ZIP	MIRAMAR, FL 33027-3760	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3561 SW 143 AVE.	
CITY-ST-ZIP	MIRAMAR, FL 33027-3760	
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		

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

GERARDO SERRANO

Date

Daytime Phone #

4-4-00 954-4426857

CR2E034 (9/99)