


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

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

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

REINSTATEMENT

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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 PST	<input checked="" type="checkbox"/> Delete
NAME GARUTTI, MIGUEL	
STREET ADDRESS 10020 NW 80 AVENUE	
CITY-ST-ZIP HIALEAH GARDENS FL 33016	
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"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GARUTTI MIGUEL.	
STREET ADDRESS 16215 SW 88 ST	
CITY-ST-ZIP Miami, FL 33196	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 700024297137	
CITY-ST-ZIP 10/31/03--01002--021 **750.00	
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	

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)