

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000104469

1. Entity Name

HIGH MANAGEMENT CONSULTANTS, INC.

FILED

May 14, 2001 8:00 am
Secretary of State

05-14-2001 90109 015 ***150.00

Principal Place of Business

Mailing Address

12431 SW 2ND ST.
PLANTATION FL 33325

12431 SW 2ND ST.
PLANTATION FL 33325

00064185



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

403 NW 68th Ave

403 NW 68th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

410

410

City & State
Plantation FL

City & State
Plantation FL

4. FEI Number

65-1053731

☒ Applied For
☐ Not Applicable

Zip
33317

Country
USA

Zip
33317

Country
USA

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

SANTOS, 1-LUIS G
12431 SW 2ND ST.
PLANTATION FL 33325

Name

Luis G Santos

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

403 NW 68th Ave # 410

City

Plantation

FL

Zip Code

33317

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

04/30/01

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SANTOS, 1-LUIS GABRIEL
12431 SW 2ND ST.
PLANTATION FL 33325 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ROBAYO, 2-NELLY V
12431 SW 2ND ST.
PLANTATION FL 33325 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/01 (954) 584 6711

Date

Daytime Phone #

CR2E034 (10/00)