

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90064 009 ***150.00

DOCUMENT # P00000104469

1. Entity Name

HIGH MANAGEMENT CONSULTANTS, INC.

Principal Place of Business

**403 NW 68TH AVE
 SUITE 410
 PLANTATION FL 33317**

Mailing Address

**403 NW 68TH AVE
 SUITE 410
 PLANTATION FL 33317**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1053731

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**SANTOS, LUIS G
 403 NW 68TH AVE
 SUITE 410
 PLANTATION FL 33317**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2002 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

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

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

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☒ Addition
Santos-2-Diego Mauricio
 STREET ADDRESS **403 NW 68th Ave. suite 410**
 CITY-ST-ZIP **Plantation FL 33317**

TITLE NAME ☐ Change ☒ Addition
Santos-3-David Alejandro
 STREET ADDRESS **403 NW 68th Ave. suite 410**
 CITY-ST-ZIP **Plantation FL 33317**

TITLE NAME ☒ Change ☐ Addition
Santos-4-Luis Gabriel
 STREET ADDRESS **403 NW 68th Ave suite 410**
 CITY-ST-ZIP **Plantation FL 33317**

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

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

TITLE NAME ☐ Change ☐ Addition
 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

01/31/02
 Date

(954) 584 6711
 Daytime Phone #

CR2E034 (9/01)