

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2000 8:00 am
Secretary of State
 04-10-2000 90052 016 ***150.00

DOCUMENT # P94000064174
 1. Entity Name
HIGH CONSULTING INTERNATIONAL INC.

Principal Place of Business 10030 SW 147TH COURT MIAMI FL 33196	Mailing Address 10030 SW 147TH COURT MIAMI FL 33027-3760
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2. Principal Place of Business 3561 SW 143 AVE.	3. Mailing Address 3561 SW 143 AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State MIRAMAR, FL	City & State MIRAMAR, FL
Zip 33027-3760	Country
Country	Zip 33027-3760
Country	Country

4. FEI Number 65-0523456	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SERRANO, GERARDO
10030 SW 147TH COURT
MIAMI FL 33196

7. Name and Address of New Registered Agent

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 _____ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SERRANO, GERARDO 10030 SW 147 CT MIAMI FL 33196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SERRANO, NELLY 10030 SW 147 CT MIAMI FL 33196
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3561 SW 143 AVE MIRAMAR, FL 33027-3760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3561 SW 143 AVE. MIRAMAR, FL 33027-3760
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
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

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: GERARDO SERRANO **GERARDO SERRANO** **4-4-00** **954-4426857**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

11000000

CR2E034 (9/99)