

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State
 03-29-2001 90394 005 ***150.00

0230046

DOCUMENT # P98000063721

1. Entity Name
HIGH BUSINESS CORPORATION

Principal Place of Business
6993 NW 82 AVE BAY 20
MIAMI FL 33156

Mailing Address
6993 NW 82 AVE BAY 20
MIAMI FL 33156

2. Principal Place of Business
2060 NE 120 Rd.
 Suite, Apt. #, etc.

3. Mailing Address
2060 NE 120 Rd.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
North Miami-FL
 Zip
33181
 Country
USA

City & State
North Miami-FL
 Zip
33181
 Country
USA

4. FEI Number **65-0851970**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

DE CARLI, MARULO
9601 SW 142 AVE 1002
MIAMI FL 33186

7. Name and Address of New Registered Agent

Name
De Carli Marcelo
 Street Address (P.O. Box Number is Not Acceptable)
2060 NE 120 Rd.
 City
North Miami **FL** Zip Code
33181

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)

3-22-01
 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, 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

TITLE
DPT
 NAME
DE CARLI, MARCELO
 STREET ADDRESS
9601 SW 142 AVE 1002
 CITY-ST-ZIP
MIAMI FL 33186 ☐ Delete

TITLE
DVS
 NAME
DE CARLI, HERNAN
 STREET ADDRESS
10295 COLLINS AVE 1422
 CITY-ST-ZIP
BAL HARBOR FL 33154 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
DPT
 NAME
De Carli, Marcelo
 STREET ADDRESS
2060 NE 120 Rd.
 CITY-ST-ZIP
North Miami-FL 33181 ☒ Change ☐ Addition

TITLE
DVS
 NAME
De Carli, Hernan
 STREET ADDRESS
2060 NE 120 Rd.
 CITY-ST-ZIP
North Miami-FL 33181 ☒ Change ☐ Addition

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

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

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

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

2/22/01
 Date

(305) 640 0303
 Daytime Phone #

CR2E034 (10/00)