

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V28688

1. Entity Name

LANDHIGH CORPORATION

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90969 005 ***150.00

0845663 SP

Principal Place of Business

Mailing Address

8612 SR 84
 DAVIE FL 33324

8612 SR 84
 DAVIE FL 33324

2. Principal Place of Business

16105 NE 18 AVE

Suite, Apt. #, etc.

3. Mailing Address

16105 NE 18 AVE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

N. Miami Beach, FL

City & State

N. Miami Beach, FL

4. FEI Number

65-0347801

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

RONES, VICTOR

16105 NE 18 AVE

N MIAMI BEACH FL 33162

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
 STREET ADDRESS
 CITY-ST-ZIP

PSD
 MILLMAN, HARRIS
 16105 NE 18 AVE
 N MIAMI BEACH FL

☐ Delete

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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 CITY-ST-ZIP

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☐ 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:

HARRIS MILLMAN, Pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-2-02 305 992-6445

CR2E034 (9/01)