

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90263 028 ****61.25

0027566

DOCUMENT # 731049

1. Entity Name

COLOMBIAN VOLUNTEER LADIES, INCORPORATED



Principal Place of Business

**C/O GLORIA V. QUINTERO
7050 SW 107TH STREET
MIAMI FL 33156
US**

Mailing Address

**C/O GLORIA V. QUINTERO
7050 SW 107TH STREET
MIAMI FL 33156
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **51-0154982**

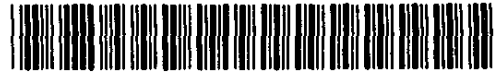
Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**CORRIGAN, JOHN
6230 SW 49TH STREET
MIAMI FL 33155**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	QUINTERO, GLORIA V.	
STREET ADDRESS	7050 SW 107TH STREET	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SILVIA, CALCEDO	
STREET ADDRESS	251 GALEN DR.	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE	S	<input type="checkbox"/> Delete
NAME	ELIZABETH, GOMEZ	
STREET ADDRESS	150 S.E. APT 9B	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	GOMEZ, GLADYS	
STREET ADDRESS	11840 SW 70TH AVE	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Gloria V. Quintero (Gloria V. Quintero) 4/23/03 (305) 662-4256

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)