

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90075 030 ****61.25

DOCUMENT # 762452

1. Entity Name

CLUB COLOMBIA DE TAMPA, INC.

Principal Place of Business

7820 N. ARMENIA AVENUE
 TAMPA FL 33604
 US

Mailing Address

P.O. BOX 151873
 TAMPA FL 33684-1873

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2381121

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SAMPER PENA, CAROLINE
 7820 N. ARMENIA AVENUE
 TAMPA FL 33604

7. Name and Address of New Registered Agent

Name **PAUL, AMPARO**

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

7617 WINGING WAY DR.

City **TAMPA**

FL

Zip Code **33615**

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

Amparo Paul

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4 April 2000

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SAMPER-PENA, CAROLINA	
STREET ADDRESS	7820 N. ARMENIA AVENUE	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE	D	<input type="checkbox"/> Delete
NAME	NARVAEZ, FABIO	
STREET ADDRESS	P.O BOX 261441 N/A	
CITY-ST-ZIP	TAMPA FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MORENO, HERNANDO	
STREET ADDRESS	11012 WINGATE DR	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FERRER, MARIA VICTORIA	
STREET ADDRESS	7614 SANIBELL DR.	
CITY-ST-ZIP	TAMPA FL 33637	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PERDOMO, JORGE	
STREET ADDRESS	8247 DONALDSON DR.	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, HECTOR	
STREET ADDRESS	8197 WEST BAY BLVD	
CITY-ST-ZIP	TAMPA FL 33615	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAUL, AMPARO	
STREET ADDRESS	7617 WINGING WAY DR.	
CITY-ST-ZIP	TAMPA FL. 33615	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELEON, WILLIAM	
STREET ADDRESS	7001 64th ST. N.	
CITY-ST-ZIP	PINELLAS PARK, FL. 33781	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENDOZA, MAURO	
STREET ADDRESS	7306 BARRY RD.	
CITY-ST-ZIP	TAMPA FL. 33634	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OWENS, MARIA TERESA	
STREET ADDRESS	19307 GARDEN QUILT CR.	
CITY-ST-ZIP	LUTZ, FL. 33649	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENA, MAX M.D.	
STREET ADDRESS	7820 N. ARMENIA AVENUE	
CITY-ST-ZIP	TAMPA FL. 33604	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OTERO, JORGE ENRIQUE MD	
STREET ADDRESS	4206 GOLF POINT CT.	
CITY-ST-ZIP	TAMPA, FL. 33624	

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:

Amparo Paul

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 April 2000 (813) 885-3923

Date

Daytime Phone #

CR2E037 (9/99)