

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90853 050 ***150.00

DOCUMENT # P02000031627

1. Entity Name

Colidata Entertainment, Corp.



Principal Place of Business

*8101 SW 73 Ave apt #15
Miami, FL 33143*

Mailing Address

*8101 SW 73 Ave Apt #15
-Miami, FL 33143*

2. Principal Place of Business

8308 NW 68 Street

3. Mailing Address

8308 NW 68 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33166

Country

USA

Zip

33166

Country

USA

4. FEI Number

75-3029079

Applied For

Not Applied

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

Nestor L. Colina

8101 SW 73 Ave Apt #15

Miami FL 33143

7. Name and Address of New Registered Agent

Name

Nestor L. Colina

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

8308 NW 68 Street

City

Miami FL

FL

Zip Code

33166

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



9. Election Campaign Financing Trust Fund Contribution

\$5.00 May Added to Fee

10. OFFICERS AND DIRECTORS		
TITLE	<i>President/Director</i>	<input type="checkbox"/> Delete
NAME	<i>Nestor L. Colina</i>	
STREET ADDRESS	<i>8101 SW 73 Ave apt #15</i>	
CITY-ST-ZIP	<i>Miami FL 33143</i>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 11		
TITLE	<i>President/Director</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	<i>Nestor L. Colina</i>	
STREET ADDRESS	<i>8308 NW 68 Street</i>	
CITY-ST-ZIP	<i>Miami FL 33166</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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 607, Florida Statutes; and that my name appears in Block 10 or Block changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/26/2003

305-593-2213

Date

Daytime Phone #