

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 11, 2000 8:00 am**  
**Secretary of State**

02-11-2000 90029 044 \*\*\*150.00

**DOCUMENT # P99000085715**

1. Entity Name  
**COLFUND INC.**

Principal Place of Business <b>2900 NORTH MILITARY TRAIL #200          BOCA RATON FL 33431</b>	Mailing Address <b>2900 NORTH MILITARY TRAIL #200          BOCA RATON FL 33431-6308</b>
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DO NOT WRITE IN THIS SPACE

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 <b>65-0971543</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>KARYO, MAXIMILIEN R          370 WEST CAMINO GARDENS BOULEVARD          BOCA RATON FL 33432</b>		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	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 \_\_\_\_\_ (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. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	COLODNY, ROSLYN 5497 NORTHWEST 23RD AVENUE MIAMI FL 33496	TITLE <input type="checkbox"/> Change <input type="checkbox"/>	
TITLE D	COLODNY, RUSSELL 6871 RASPERY RUN LITTLETON CO 80125	TITLE <input type="checkbox"/> Change <input type="checkbox"/>	
TITLE D	COLODNY, KEITH 9063 INDIAN RIVER RUN BOYNTON BEACH FL 33437	TITLE <input type="checkbox"/> Change <input type="checkbox"/>	
TITLE D	RAYMOND, STACI 545 S. COUNTRY CLUB DRIVE ATLANTIS FL 33462	TITLE <input type="checkbox"/> Change <input type="checkbox"/>	
TITLE D	COLODNY, LESSIE 4659 STONE MANOR HEIGHT COLORADO SPRINGS CO 80906	TITLE <input type="checkbox"/> Change <input type="checkbox"/>	
TITLE D	COLODNY, LESSIE 4659 STONE MANOR HEIGHT COLORADO SPRINGS CO 80906	TITLE <input type="checkbox"/> Change <input type="checkbox"/>	

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Staci Raymond 1/25/2000 561-241-328

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #