

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2001 8:00 am,**  
**Secretary of State**

05-29-2001 90004 028 \*\*\*\*61.25

**DOCUMENT # N31133**

1. Entity Name

**COLOMBIAN-AMERICAN ASSOCIATION OF FLORIDA INC.**

Principal Place of Business

4301 FOXGLEN LN  
 TAMPA FL 33624-1717  
 US

Mailing Address

PO BOX 152457  
 TAMPA FL 33684  
 US

2. Principal Place of Business

*12508 Bronco Dr*

3. Mailing Address

Suite, Apt. #, etc.

City & State

*Tampa, FL*

City & State

Zip

*33626*

Country

*USA*

Country

4. FEI Number

**59-2940241**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

LUTZ, ESTHER  
 4301 FOX GLEN LN  
 TAMPA FL 33624

7. Name and Address of New Registered Agent

Name *Fernando Talquez*

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

*12508 BRONCO DR*

City

*Tampa*

FL

Zip Code

*33626*

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

*Fernando Talquez*

(NOT: Registered Agent signature required when reinstating)

DATE

*05-11-01*

**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 ☐ Delete  
 NAME **D MONTEJO, LUIS F**  
 STREET ADDRESS **4802 FOXSHIRE CIR**  
 CITY-ST-ZIP **TAMPA FL 33624**

TITLE ☒ Delete  
 NAME **LUTZ, ESTHER**  
 STREET ADDRESS **4301 FOXGLEN LN**  
 CITY-ST-ZIP **TAMPA FL 33624**

TITLE ☐ Delete  
 NAME **D BALLESTAS, ENRIQUE E**  
 STREET ADDRESS **3165 SPOONBILL CT.**  
 CITY-ST-ZIP **CLEARWATER FL 33762**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition  
 NAME **Mrs - Director Cecilia Salazar**  
 STREET ADDRESS **6403 Rolling Green Pl**  
 CITY-ST-ZIP **Tampa, FL 33634**

TITLE ☐ Change ☒ Addition  
 NAME **Director RAMON A. Gomez**  
 STREET ADDRESS **2250 Springwood Cir W**  
 CITY-ST-ZIP **Clearwater, FL 33763**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*[Signature]*

*05-11-01*

*(813) 961-1413*

CR2E037 (10/00)