

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jul 18, 2001 8:00 am
Secretary of State**

07-18-2001 90004 017 ****61.25

DOCUMENT # N95000001756**1. Entity Name**

Colombian American Bar Association

Principal Place of Business**Mailing Address**520 Brickell Key Dr.
Suite 0-305
Miami, FL 33131

Same

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

650573583

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**~~Maria Teresa Sallato~~
9990 SW 77 Ave # 311
Miami, FL 33156Name Same

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.**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
Department of State****10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PRESIDENT/DIRECTOR	MARCO E. ROJAS	520 Brickell Key Dr, #0-305	MIAMI, FL 33131	<input type="checkbox"/>
TREASURER/DIRECTOR	MARIA TERESA SALLATO	9990 SW 77 Ave # 311	MIAMI, FL 33156	<input type="checkbox"/>
	WALTER KEYNOSO-VILLEROS	2937 SW 27 Ave # 107	DIRECTOR COCONUT GROVE, FL 33133	<input type="checkbox"/>
DIRECTOR	FREDERICK WOODBRIDGE, JR.	7700 N. Kendall Dr, # 809	MIAMI, FL 33156	<input type="checkbox"/>
DIRECTOR	GERMAN SALLATO	7700 N. Kendall Dr, # 809	MIAMI, FL 33156	<input type="checkbox"/>
	LINDA S. BRASWELL	9990 SW 77 Ave # 311	MIAMI, FL 33156	<input type="checkbox"/>

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/11/01 (305) 598-9600

CR2E037 (11/00)