

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 731049

**Entity Name:** COLOMBIAN VOLUNTEER LADIES, INCORPORATED

**FILED**  
**Apr 08, 2019**  
**Secretary of State**  
**6166046039CC**

**Current Principal Place of Business:**

GLORIA V. QUINTERO  
7050 SW 107TH STREET  
PINECREST, FL 33156

**Current Mailing Address:**

GLORIA V. QUINTERO  
7050 SW 107TH STREET  
PINECREST, FL 33156 US

**FEI Number: 51-0154982**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

FERNANDEZ, RAFAEL JCPA  
10737 S 104 STREET  
MIAMI, FL 33176 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT DIRECTOR  
Name            QUINTERO, GLORIA V.  
Address        7050 SW 107TH STREET  
City-State-Zip: PINECREST FL 33156

Title            TREASURER  
Name            ECHEVERRI , LUZ MARINA  
Address        5906 LEJEUNE ROAD  
City-State-Zip: CORAL GABLES FL 33146

Title            SECRETARY  
Name            VASQUEZ, GLORIA  
Address        12320 SW 98TH STREET  
City-State-Zip: MIAMI FL 33186

Title            VP  
Name            GOMEZ, GLADYS  
Address        11640 SW 70TH AVE  
City-State-Zip: PINECREST FL 33156

Title            P/CHAPTER  
Name            ACEVEDO, SOCORRO  
Address        845 VANDA TERRACE  
City-State-Zip: WESTON FL 33327

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: GLORIA V. QUINTERO**

**PRESIDENT DIRECTOR**

**04/08/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date