#### 2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001756

Entity Name: COLOMBIAN AMERICAN BAR ASSOCIATION, INC.

**FILED** Mar 03, 2014 Secretary of State CC2973926008

## **Current Principal Place of Business:**

9990 SW 77 AVENUE PENTHOUSE 12 MIAMI, FL 33156

# **Current Mailing Address:**

9990 SW 77 AVENUE PENTHOUSE 12 MIAMI, FL 33156 US

FEI Number: 65-0573583 Certificate of Status Desired: No

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

SALLATO, MARIA TERESA 9990 S.W. 77TH AVE., PH 12 MIAMI, FL 33156 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:

City-State-Zip:

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title Title **TREASURER** Name REYNOSO, WALTER Name SALLATO, MARIA T Address 2937 SW 27TH AVENUE, #107 Address 9990 SW 77 AVE PH 12 City-State-Zip: COCONUT GROVE FL 33133 City-State-Zip: MIAMI FL 33156

Title **DIRECTOR** Title SECRETARY

WOODBRIDGE, FREDERICK JR Name VELEZ-FELFLE, SANDRA Name Address 7700 N KENDALL DRIVE, #809 Address 2565 S.W. 27TH AVE, STE A

City-State-Zip: MIAMI FL 33133 City-State-Zip: MIAMI FL 33156

Title **PRESIDENT** Title DIRECTOR

FRANKY, BETTINA Name Name CURREA, MICHAEL D Address 9990 SW 77 AVENUE Address 8181 NW 36 STREET

PENTHOUSE 12 SUITE 27C

Title DIRECTOR Title VICEPRESIDENT

Name AGUILAR, CARLOS Name MONTES, NICOLAS

Address 2000 PONCE DE LEON BLVD STE 600 Address 9990 SW 77 AVENUE

PENTHOUSE 12

DORAL FL 33166

City-State-Zip: CORAL GABLES FL 33134 City-State-Zip: MIAMI FL 33156

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City-State-Zip:

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: MARIA T SALLATO

03/03/2014 TREASURER/REGISTERE

D AGENT

MIAMI FL 33156

# Officer/Director Detail Continued:

Title DIRECTOR

Name LIAN, ALEXANDER

Address 2 S BISCAYNE BLVD STE 3800

City-State-Zip: MIAMI FL 33131