

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State
 05-02-2002 90024 037 ***167.50

DOCUMENT # 368211

1. Entity Name

TURBANA CORPORATION

Principal Place of Business

**550 BILTMORE WAY #730
 P.O. BOX 140009
 CORAL GABLES FL 33114-0009**

Mailing Address

**550 BILTMORE WAY #730
 P.O. BOX 140009
 CORAL GABLES FL 33114-0009**

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 **59-1304116**

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

**CT CORPORATION SYSTEM
 1200 S PINE ISLAND RD
 PLANTATION FL 33324**

Name

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CEO** ☐ Delete
 NAME **ALARCON, JUAN DAVID**
 STREET ADDRESS **550 BILTMORE WAY, #730**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

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

TITLE **CFO** ☐ Delete
 NAME **ESCOBAR, ELKIN**
 STREET ADDRESS **550 BILTMORE WAY #730**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

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

TITLE **D** ☐ Delete
 NAME **HENRIQUEZ, GUILLERMO**
 STREET ADDRESS **UNION DE BANANEROS**
 CITY-ST-ZIP **MEDELLIN, COLOMBIA**

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

TITLE **D** ☒ Delete
 NAME **ZAPATA, ROSALBA**
 STREET ADDRESS **UNION DE BANANEROS**
 CITY-ST-ZIP **MEDELLIN, COLUMBIA**

TITLE ☒ Change ☐ Addition
 NAME **D IVAN MEJIA**
 STREET ADDRESS **UNION DE BANANEROS**
 CITY-ST-ZIP **MEDELLIN, COLOMBIA**

TITLE **D** ☐ Delete
 NAME **GUILLERMO, GAVIRIA**
 STREET ADDRESS **UNION DE BANANEROS**
 CITY-ST-ZIP **MEDELLIN, COLOMBIA**

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

TITLE ☐ Delete
 NAME **JAVIER FRANCISCO RESTREPO**
 STREET ADDRESS **UNION DE BANANEROS**
 CITY-ST-ZIP **MEDELLIN, COLOMBIA**

TITLE ☐ Change ☒ Addition
 NAME **D JAVIER FRANCISCO RESTREPO**
 STREET ADDRESS **UNION DE BANANEROS**
 CITY-ST-ZIP **MEDELLIN, COLOMBIA**

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

SIGNATURE:

Signature **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

Attachment

Doc. # 368211
780013

Report Officers/Directors to Add
Business ID : 59-1304116

1. Full Legal Name: Sergio Restrepo
Title (s): D
Residence Address: CALLE 52 #47-42 - 15TH PISO
MEDELLIN
Business Address: 550 BILTMORE WAY
SUITE - 730
CORAL GABLES, FL 33134
Res. Changes: _____
Bus Changes: _____