

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 25, 2002 8:00 am
Secretary of State

05-27-2002 90315 048 ****70.00

DOCUMENT # 736359

1. Entity Name

COLOMBIAN-AMERICAN CHAMBER OF COMMERCE OF GREATER MIAMI, INC.

Principal Place of Business

Mailing Address

2355 SALZEDO ST
 SUITE 316
 CORAL GABLES FL 33134
 US

2355 SALZEDO ST
 SUITE 316
 CORAL GABLES FL 33134
 US

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

59-2775981

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

ROJAS, MARCO E
 520 BRICKELL KEY DRIVE, O-305
 OFFICE SUITE 305
 MIAMI FL 33131

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

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 **D** ☒ Delete
 NAME **CORDOVEZ, ERNESTO**
 STREET ADDRESS **2 S. BISCAYNE BLVD- 30TH FLR**
 CITY-ST-ZIP **MIAMI FL 33131**

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

TITLE **D** ☒ Delete
 NAME **ROJAS, MARCO**
 STREET ADDRESS **520 BRICKELL KEY DRIVE, STE 0-305**
 CITY-ST-ZIP **MIAMI FL 33129**

TITLE ☐ Change ☒ Addition
 NAME **Alfonso Garcia**
 STREET ADDRESS **800 Brickell Ave, Suite 106**
 CITY-ST-ZIP **Miami, FL 33131**

TITLE **DS** ☐ Delete
 NAME **RANDALL, GEOFFREY**
 STREET ADDRESS **201 S BISCAYNE BLVD, #1500**
 CITY-ST-ZIP **MIAMI FL 33131**

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

TITLE **DP** ☐ Delete
 NAME **ARDILA, ANTONIO**
 STREET ADDRESS **999 PONCE DE LEON BLVD, STE 1020**
 CITY-ST-ZIP **MIAMI FL 33134**

TITLE **D** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DVP** ☐ Delete
 NAME **CABALLERO, ANA MARIA**
 STREET ADDRESS **775 S. MARSTA DR**
 CITY-ST-ZIP **KEY BISCAYNE FL 33149**

TITLE ☒ Change ☐ Addition
 NAME **DP Caballero Ana Maria**
 STREET ADDRESS **775 S. Mashta Drive**
 CITY-ST-ZIP **Key Biscayne, FL 33149**

TITLE **DT** ☐ Delete
 NAME **TARANN, ALEX**
 STREET ADDRESS **1401 BRICKELL AVE, STE 1500**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☒ Change ☐ Addition
 NAME **DVP Tarann, Alex**
 STREET ADDRESS **601 Brickell Key Drive, Suite 800**
 CITY-ST-ZIP **Miami, FL 33131**

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/2/02

(305) 446-2342

CR2E037 (9/01)