2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F01000004580

1. Entity Name

ASOCIACION OFICINA DE PROMOCION Y DESAROLLO SOCI AL, INC.

Principal Place of Business	Mailing Address
CALLE 80 B #39-24 BARRANQUILLA COLUMBIA	A.A. 51-120 BARRANQUILLA COLUMBIA

2. Principal Place of Business	3. Mailing Address
5465 NW 36th STREET	P.O. BOX 52-7900
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State MIAMI, FLORIDA	City & State MIAMI, FLORIDA	4. FEI Number NOT APPLICABLE	Applied For / Not Applicable
Zip 33166	Country U.S.A	Zip 33152	Country U.S.A.	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
	Name
ZIRENA, R. GLADYS 5465 NW 36TH ST. MIAMI FL 33166	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 P NAME SILVA, HERNAN B STREET ADDRESS CALLE 80 B #39-24 BARRAQUILLA CITY-ST-ZIP COLUMBIA	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE V NAME SIERRA, JUAN STREET ADDRESS CALLE 80 B #39-24 BARRAQUILLA CITY-ST-ZIP COLUMBIA	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE S NAME YEPES, CARMENZA P STREET ADDRESS CALLE 80 B #39-24 BARRAQUILLA CITY-ST-ZIP COLUMBIA	☐ Delete	TITLE S NAME CALDERA, ROSMARY STREET ADDRESS CALLE 80B #39-24 CITY-ST-ZIP COLUMBIA	☒ Change ☐ Addition
TITLE T NAME BARRIOS, FIANOR STREET ADDRESS CALLE 80 B #39-24 BARRAQUILLA CITY-ST-ZIP COLUMBIA	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE C NAME BARRIOS, MANUEL L STREET ADDRESS EL CARMEN DE BOL CITY-ST-ZIP TEL 57-56 8600	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE VC NAME BARRAZA, GIL STREET ADDRESS AVE. ALFONSO LOPEZ, SINCELEJO CITY-ST-ZIP TEL 57-52822336	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

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: BRAVO, HERNAN F.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #