

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90438 004 \*\*\*158.75

**DOCUMENT # F02000005707**

**1. Entity Name**  
**COLCOCINAS AMERICA CORPORATION**



**Principal Place of Business**  
**607 SE 10TH AVE.**  
**DEERFIELD BEACH FL 33441**

**Mailing Address**  
**607 SE 10TH AVE.**  
**DEERFIELD BEACH FL 33441**

**2. Principal Place of Business**  
**401 S.E. 11TH TER.**

**3. Mailing Address**  
**401 SE 11TH TER.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

**City & State**  
**DANIA BEACH, FL.**

**City & State**  
**DANIA BEACH, FL.**

**4. FEI Number**  
**84-153-2459**

**Applied For**  
**Not Applicable**

**Zip**  
**33004**

**Country**  
**U.S.A.**

**Zip**  
**33004**

**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**

**CARDONA, CARLOS M**  
**607 SE 10TH AVE.**  
**DEERFIELD BEACH FL 33441**

**Name** **CARDONA, CARLOS M.**

**Street Address (P.O. Box Number is Not Acceptable)**  
**401 S.E. 11TH TER.**

**#**

**City** **DANIA BEACH, FL** **Zip Code** **33004**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** **Carlos M. Cardona - Subscribing Agent - President.**

**2/10/03**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **PC** ☐ **Delete**  
**NAME** **CARDONA, CARLOS M**  
**STREET ADDRESS** **607 SE 10TH AVE.**  
**CITY-ST-ZIP** **DEERFIELD BEACH FL 33441**

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

**TITLE** ☐ **Delete**  
**NAME** **PRESIDENT.**  
**STREET ADDRESS** **CARDONA, CARLOS M.**  
**CITY-ST-ZIP** **401 S.E. 11TH TER.**  
**DANIA BEACH, FL 33004**

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

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**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 607, 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:** **Subscribing Agent - Carlos M. Cardona - President - 2/10/03 954-732-1939**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)