

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F97000005522**

1. Entity Name

BANCO COLPATRIA, S.A.**FILED**
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90064 004 ***150.00

Principal Place of Business

Mailing Address

**CARRERA 7, NO. 24 - 89, PISO 10
SANTAFE DE BOGOTA, COLOMBIA****801 BRICKELL AVE
STE 2360
MIAMI FL 33131-4943**

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

59-2132166

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

**PACHECO, CARLOS R
801 BRICKELL AVE
STE 2360
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

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	P RAMIREZ, ANGELA M CARRERA 10, NO. 24 - 49, OF. 2006 SANTAFE DE BOGOTA, COLOMBIA <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANGELA M. ECHEVERRI CARRERA 10, NO.24-49.OFIC 2006 SANTAFE DE BOGOTA, COLOMBIA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARCO, CARLOS E CALLE 81A NO. 8-23 SANTAFE DE BOGOTA, COLOMBIA <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARLOS ESCOBAR CALLE 81A NO. 8-23 SANTAFE DE BOGOTA, COLOMBIA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE LA TORRE LAGO, RAMON CALLE 100 NO. 8A-55 TORRE C, OFICINA 718 SANTAFE DE BOGOTA, COLOMBIA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PACHECO-CORTES, EDUARDO CARRERA 7A, NO. 24 - 89, PISO 43 SANTAFE DE BOGOTA, COLOMBIA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MALDONADO, SANTIAGO P CARRERA 7, NO. 24 - 89, PISO 10 SANTAFE DE BOGOTA, COLOMBIA <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SANTIAGO PERDOMO CARRERA 7 NO. 24-89 PISO 10 SANTAFE DE BOGOTA, COLOMBIA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NERA, JAIME E CARRERA 7A, NO. 24 - 89, PISO 43 SANTAFE DE BOGOTA, COLOMBIA <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JAIME E. SANTOS CARRERA 7A, No24-89 PISO 43 SANTAFE DE BOGOTA, COLOMBIA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-25-00

Date

Daytime Phone #

CR2E034 (9/99)