

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90085 048 ***150.00

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1. Entity Name

BANCO COLPATRIA, S.A.



Principal Place of Business

**CARRERA 7. NO. 24 - 89. PISO 10
SANTAFE DE BOGOTA. COLOMBIA**

Mailing Address

**801 BRICKELL AVE
STE 2360
MIAMI FL 33131**

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

EDGARDO ONORO

Street Address (P.O. Box Number is Not Acceptable)

801 BRICKELL AVENUE STE# 2360

City

MIAMI

FL

Zip Code
33131

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

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

(NOTE: Registered Agent signature required when reinstating)

01.16/03

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
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
ECHEVERRI, ANGELA M
CARRERA 10, NO. 24 - 49, OF. 2006
SANTAFE DE BOGOTA, COLOMBIA

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
ESCOBAR, CARLOS
CALLE 81A NO. 8-23
SANTAFE DE BOGOTA, COLOMBIA

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
PACHECO-CORTES, EDUARDO
CARRERA 7A, NO. 24 - 89, PISO 43
SANTAFE DE BOGOTA, COLOMBIA

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V
SANTIAGO, PERDOMO
CARRERA 7, NO. 24 - 89, PISO 10
SANTAFE DE BOGOTA, COLOMBIA

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S
SANTOS, JAIME E
CARRERA 7A, NO. 24 - 89, PISO 43
SANTAFE DE BOGOTA, COLOMBIA

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)