

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G13586

1. Entity Name
COLAMCO, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90125 036 ***529.01

Principal Place of Business
975 FLORIDA PARKWAY, SUITE 1100
SUITE 1100
LONGWOOD FL 32750-4634

Mailing Address
975 FLORIDA PARKWAY, SUITE 1100
SUITE 1100
LONGWOOD FL 32750-4424



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2246530		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
SALDARRIAGA, JUAN G. 504 SPRINGCREEK BLVD LONGWOOD FL 32779				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PTD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SALDARRIAGA, JUAN G			NAME			
STREET ADDRESS	504 SPRINGCREEK BLVD			STREET ADDRESS			
CITY-ST-ZIP	LONGWOOD FL			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SALARRIAGA, DIEGO R			NAME			
STREET ADDRESS	300 SWEETWATER CLUB CIR			STREET ADDRESS			
CITY-ST-ZIP	LONGWOOD FL			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SALDARRIAGA, CAMILO A			NAME			
STREET ADDRESS	824 SWEETWATER ISLAND CIR			STREET ADDRESS			
CITY-ST-ZIP	LONGWOOD FL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SALDARRIAGA, ALEJANDRO			NAME			
STREET ADDRESS	8206 BELL MOUNTAIN DR			STREET ADDRESS			
CITY-ST-ZIP	AUSTIN TX			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: Juan G. Saldarriaga **Juan G. Saldarriaga** 4/24/2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 407-261-1000 Daytime Phone #

CR2E034 (9/99)