

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 02, 2001 8:00 am  
Secretary of State

05-02-2001 90082 024 \*\*\*150.00

DOCUMENT # K49710

1. Entity Name

COLLADO & ASSOCIATES, TAX ACCOUNTANTS, P.A.

Principal Place of Business

550 N.W. LE LEUNE ROAD  
SUITE 205  
MIAMI FL 33126-5671  
US

Mailing Address

550 N.W. LE LEUNE ROAD  
205  
MIAMI FL 33126-5671  
US

2. Principal Place of Business

3. Mailing Address

782 NW 42 Ave.

782 NW 42 Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

629

629

City & State

City & State

Miami

Miami

Zip

Country

Zip

Country

33126

USA

33126

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLLADO, ORLANDO  
550 N.W. LEJEUNE RD.  
SUITE 205  
MIAMI FL 33126

Name

Orlando Collado

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

782 NW 42 Ave. Suite 629

Suite 629

City

Miami

FL

Zip Code

33126

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, 2001 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	P	<input type="checkbox"/> Delete
NAME	COLLADO, ORLANDO	
STREET ADDRESS	3590 SW 145 AVE	
CITY-ST-ZIP	MIRAMAR FL 33027	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 the fee 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

Date

Daytime Phone #

Orlando Collado President 4/25/01 305-443-3056

CR2E034 (10/00)