

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000018013

1. Entity Name

KOLVEN CONSULTING, LLC

Principal Place of Business

15842 NW 10TH ST  
PEMBROKE PINES FL 33028

1820 N. CORPORATE LAKES BLVD. SUITE 205  
WESTON, FL 33326

Mailing Address

15842 NW 10TH ST  
PEMBROKE PINES FL 33028

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

03-0398644

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BORTOLIN, SONIA ESO  
524 S ANDREWS AVE  
SUITE 101N  
FT LAUDERDALE FL 33301

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 reissuing)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRICENO, PEDRO 15842 NW 10TH ST PEMBROKE PINES FL 33028	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PARTNER Daniel C. Quintero 12930 SW 88th Lane MIAMI, FL 33186	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PARTNER Guillermo Silva Ave. 3, Res. Geminis, Apt 122 Caracas, 1080, Venezuela	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PARTNER IVAN J. VERGARA Carrera 59 B #9159 APTO A-201, Barranquilla, Colombia	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

03-26-2002 90087 023 \*\*\*\*50.00



DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)

Attachment  
27189

Miami April 25, 2002

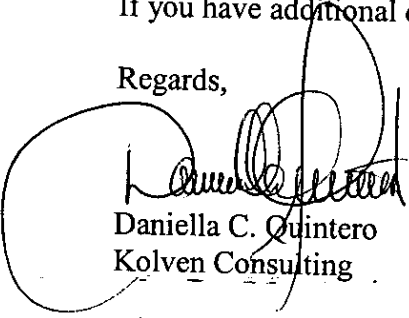
Florida Department of State  
Division of Corporations  
P.O. Box 6478  
Tallahassee, FL, 32314

Dear Sir or Madam:

As requested on your letter dated April 11, 2002, please find attached a revised copy of the 2002 Uniform Business Report, Document # L01000018013, including our new business address, the FEI Number as the name of all partners of Kolven Consulting LLC.

If you have additional questions, please call us at 954-389.6100 Ext. 103.

Regards,



Daniella C. Quintero  
Kolven Consulting