

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *M54875*

1. Entity Name

Comservice, Corporation

W01-13007

FILED

01 JUL -9 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

2. Principal Place of Business

189 Lakeview Dr.

3. Mailing Address

9415 Sunset Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Bldg: 313 STE # 103

Suite # 123

City & State

City & State

Ft. Lauderdale, FL.

Miami, FL.

Zip

Country

Zip

Country

33326-2556

U.S.

33173

U.S.

4. FEI Number

59-2819587

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

*ANDY MARTINEZ, CPA
9415 SW 72 ST, STE 123
MIAMI, FL 33173*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/01

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

TITLE ☐ Delete
NAME *P Martinez Marina*
STREET ADDRESS *Calle 15A #69-75*
CITY-ST-ZIP *Bogota, Colombia*

TITLE ☐ Delete
NAME *T De Gomez, Ana Victoria*
STREET ADDRESS *Calle 15A #69-75*
CITY-ST-ZIP *Bogota, Colombia*

TITLE ☐ Delete
NAME *S De Martinez, Flor Maria*
STREET ADDRESS *calle 15A #69-75*
CITY-ST-ZIP *Bogota, Colombia*

TITLE ☐ Delete
NAME *M Mills, Lucia*
STREET ADDRESS *189 Lakeview DR/STE #103*
CITY-ST-ZIP *Ft. Lauderdale, FL 33326-2556*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME *900004481819--4*
STREET ADDRESS *-07/18/01--01001--025*
CITY-ST-ZIP ****150.00 ***150.00*

TITLE ☐ Change ☐ Addition
NAME *900004481819--4*
STREET ADDRESS *-07/18/01--01001--025*
CITY-ST-ZIP ****150.00 ***150.00*

TITLE ☐ Change ☐ Addition
NAME *96-01-01001--025*
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 I 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Flor Maria Martinez

4/23/01