

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M73740

1. Entity Name

COLUMBIA PARTNERS, INC.

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90201 007 \*\*\*150.00

Principal Place of Business

825 BRIKCELL BAY DR  
 TOWER III, STE 1643  
 MIAMI, FL 33131  
 US

Mailing Address

825 BRICKELL BAY DR.  
 TOWER III, STE 1643  
 MIAMI, FL 33131-2936  
 US

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

65-0038000

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

MEDELSON, LAURANS A.  
 825 S. BAYSHORE DR.  
 SUITE 1643  
 MIAMI FL 33131

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 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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	MEDELSON, LAURANS A.	
STREET ADDRESS	825 S BAYSHORE DR #1643	
CITY - ST - ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MEDELSON, VICTOR H	
STREET ADDRESS	825 BRICKELL BAY DR., #1643	
CITY - ST - ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	MEDELSON, ARLENE	
STREET ADDRESS	825 S BAYSHORE DR #1643	
CITY - ST - ZIP	MIAMI FL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	VETTER, JUDITH	
STREET ADDRESS	825 S BAYSHORE DR #1643	
CITY - ST - ZIP	MIAMI FL	
TITLE	VM	<input type="checkbox"/> Delete
NAME	MEDELSON, ERIC A	
STREET ADDRESS	825 S. BAYSHORE DR. 1643	
CITY - ST - ZIP	MIAMI FL	
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		
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		
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:

*SIGNATURE REQUIRED* PRES  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Laurans A. Medelson

4/14/00 (305) 374-1744

CR2E034 (9/99)