

2001 UNIFORM BUSINESS REPORT (UBR)

5/11

FILED
Jun 27, 2001 8:00 am
Secretary of State

05-11-2001 90023 024 *****61.25

DOCUMENT # N00000004858

1. Entity Name

UNAD OF COLOMBIA, INC.

Principal Place of Business

Mailing Address

230 LAKEVIEW DRIVE SUITE 109
 WESTON FL 33326

230 LAKEVIEW DRIVE SUITE 109
 WESTON FL 33326

2. Principal Place of Business

49 N.W. 5 street

Suite, Apt. #, etc.

117

City & State

Miami FL

Zip

33128

Country

U.S.A.

3. Mailing Address

49 N.W. 5 street

Suite, Apt. #, etc.

117

City & State

Miami Florida

Zip

33128

Country

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1059288

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MERKIN, STEWART A ESQ
 444 BRICKELL AVE. S#300, RIVERGATE PLAZA
 MIAMI FL 33131

7. Name and Address of New Registered Agent

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

FILE NOW:
FEES IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	Public Relations Manager	Delete
NAME	Magdalena Pinon	
STREET ADDRESS	230 Lakeview Dr #109	
CITY-ST-ZIP	Weston, FL 33326	
TITLE	Marketing Manager	<input type="checkbox"/> Delete
NAME	Gloria Almonacid	
STREET ADDRESS	Raquet Club Rd.	
CITY-ST-ZIP	Weston, FL 3331016	
TITLE	Director Board	<input type="checkbox"/> Delete
NAME	Mukha R. Board	
STREET ADDRESS	1690 NE 191 St 200 North Miami	
CITY-ST-ZIP	North Miami Beach, FL 33179	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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 #

CR2E037 (10/00)