

# 2002 UNIFORM BUSINESS REPORT (UBR)

5/1

**FILED**  
**Jul 10, 2002 8:00 am**  
**Secretary of State**

05-16-2002 90013 033 \*\*\*\*61.25

**DOCUMENT # N00000004858**

1. Entity Name

**UNAD OF COLOMBIA, INC.**

Principal Place of Business

Mailing Address

**49 N.W. 5 STREET  
 117  
 MIAMI FL 33128**

**49 N.W. 5 STREET  
 117  
 MIAMI FL 33128**

2. Principal Place of Business

**3050 Biscayne Blvd.**

Suite, Apt. #, etc.

3. Mailing Address

**3050 Biscayne Blvd.**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**Miami, Florida**

City & State

**Miami, Florida**

4. FEI Number

**65-1059288**

Applied For

Not Applicable

Zip

**33137**

Country

**U.S.A.**

Zip

**33137**

Country

**U.S.A.**

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

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

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: FEE 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PRMD  
 PINZON, MAGDALENA  
 230 LAKEVIEW DR. #109  
 FORT LAUDERDALE FL 33326** ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MMD  
 ALMONACID, GLORIA  
 RAQUET CLUB RD  
 WESTON FL 333** ☒ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D  
 BRAND, NUBIA R  
 1690 NE 191 ST 200 NORTH MIAMI  
 NORTH MIAMI BEACH FL 33179** ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**Adriana Diaz Masvidal  
 3050 Biscayne Blvd  
 Miami, FL 33137** ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**tel. 305 284 0306** ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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

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:

**NOT REQUIRED**

**04-22-02**

**954 217 0954  
 365 549 2730**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)