2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N0000004858

1. Entity Name

UNAD OF COLOMBIA, INC.



FILED May 01, 2003 8:00 am Secretary of State

05-01-2003 90972 038 ****61.25

Principal Place of Business 3050 BISCAYNE BLVD MIAMI FL 33137			Mailing Address 3050 BISCAYNE BLVD MIAMI FL 33137						
2. Principal P	lace of Busin	oss BLVD	3. Mailing Address	GUPE		 			
Suite, Apt. #, etc. Suite, Apt.				pt.#, etc.		CHECK HERE IF MAKING CHANGES			
City & State Hiami, FL			Lity & State FL		4. FEI Number	4. FEI Number 65-1059288 Applies Not Ap		oplied For ot Applicable	
Zip 3313	冷	Country U·S·A	3313十	Country Country	5. Certificate o	f Status Desired	\$8.75 Add Fee Require		
	⊷ 6.⊭Name	and Address of Current F	legistered Agent	Name	7. Name and A	ddress of New Regist	ered 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.		and accept	
	ions of regist		,	J	3			·	
SIGNATURE.									
		or printed name of registered agent ar	nd title if applicable. (NOTI	E: Registered Agent signatu	re required when reinstating)	!	DATE		
FILE NOW: FEE IS \$61.25 9. Election Campaign F Trust Fund Contribut					\$5.00 May Be Added to Fees		Check Payable epartment of S		
10. •	BALIA	OFFICERS AND DIR	ECTORS	11.	200	NGES TO OFFICERS AF			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	230 LAKE	MAGDALENA MEW DR. #109 IDERDALE FL 33326	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Betty 60	nt Books 1. ongoes 1. scayne B	上 v り は □ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Brand, N 1690 NE 1		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	367 X YY			☐ Addition	
-TITLE	D DIAZ-MAS'	MDAL, ADRIANA PAYNE BLVD	□ Délēte	NAME STREET ADDRESS CITY-ST-ZIP	A A reserve A A A A A A A A A A A A A A A A A A A		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	. Luca P. V	,	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS			☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	☐ Addition	

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

4-18-03

954-7010955