**FILED** 

## 2002 Uniform Business Report (UBR)

## Apr 02, 2002 8:00 am Secretary of State DOCUMENT # N00000006418 04-02-2002 90094 050 \*\*\*\*61.25 KEY FOR COLOMBIA, CORP. Principal Place of Business Mailing Address 565 HARBOR DRIVE 565 HARBOR DRIVE KEY BISCAYNE FL 33149 KEY BISCAYNE FL 33149 Mailing Address Principal Place of Business χQχ DO NOT WRITE IN THIS SPACE Applied For City & State ( 4. FEI Number NOT APPLICABLE Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) SALA, A. ROSEMARY ESQ 260 CRANDON BLVD #14 **KEY BISCAYNE FL 33149** Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** Œ ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition Delete TITLE :TÎTLE SMino NAME NAME MONTOYA, JULIETTE STREET ADDRESS STREET ADDRESS **565 HARBOR DRIVE** CITY-ST-ZIP CITY-ST-ZIP **KEY BISCAYNE FL 33149** Delete TITLE TITLE DZONO NAME NAME MALAVENDA, ANGELA STREET ADDRESS STREET ADDRESS 255 CRANWOOD DRIVE CITY-ST-ZIP CITY-ST-7IP KEY BISCAYNE FL 33149 Change Addition Addition JITLE . Delete NAME NAME OSPINA, MARIA A STREET ADDRESS STREET ADDRESS 141 CRANDON BLVD APT 335 CITY-ST-ZIP CITY-ST-7IP **KEY BISCAYNE FL 33149** Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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