

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

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90633 001 *****8.75
02-10-2003 90633 002 *****61.25

DOCUMENT # N00000006418

1. Entity Name
KEY FOR COLOMBIA, CORP.



Principal Place of Business

**141 CRANDON BLVD
335
KEY BISCAIYNE FL 33149**

Mailing Address

**141 CRANDON BLVD
335
KEY BISCAIYNE FL 33149**

2. Principal Place of Business

**251 Crandon Blvd Apt 824
Suite, Apt. #, etc.
Apt 824**

3. Mailing Address

**251 Crandon Blvd
Suite, Apt. #, etc.
Apt 824**

City & State

Key Biscayne FL

City & State

Key Biscayne FL

Zip

Country

#33149 USA

Zip

Country

33149 USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SALA, A. ROSEMARY ESQ
260 CRANDON BLVD #14
KEY BISCAIYNE FL 33149**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OSPINA, MARIA A 141 CRANDON BLVD #335 KEY BISCAIYNE FL 33149 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LOZANO, BECKY 121 CRANDON BLVD #259 KEY BISCAIYNE FL 33149 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SMITH, MARIA 346 GULF ROAD KEY BISCAIYNE FL 33149 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Restrepo, Monica S. 251 Crandon Blvd Apt 824 Key Biscayne, FL 33149 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Ospina, Maria A. 141 Crandon Blvd Apt #335 Key Biscayne, FL 33149 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Lozano, Becky 121 Crandon Blvd Apt 259 Key Biscayne, FL 33149 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Marin, Luz Marina 141 Crandon Blvd Apt 243 Key Biscayne, FL 33149 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

3-7-03 (305)3659259

CR2E037 (10/02)