

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # NO1000002525**

1. Entity Name

PEACE AND HOPE FOR THE CHILDREN OF COLOMBIA INC.**FILED**
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90344 010 ****61.25

Principal Place of Business

Mailing Address

**4315 ROYAL PALM AVENUE
MIAMI BEACH FL 33140****4315 ROYAL PALM AVENUE
MIAMI BEACH FL 33140**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1095993

Applied For

Not Applicable

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

**SIERRA, ALEXANDRA
4315 ROYAL PALM AVENUE
MIAMI BEACH FL 33140**

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: FEE IS \$61.259. 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	D	<input type="checkbox"/> Delete
NAME	SIERRA, VIRILIO	
STREET ADDRESS	4315 ROYAL PALM AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL 33140	

TITLE	D	<input type="checkbox"/> Delete
NAME	SIERRA, ALEXANDRA	
STREET ADDRESS	4315 ROYAL PALM AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL 33140	

TITLE	D	<input type="checkbox"/> Delete
NAME	SIERRA, JENNIFER	
STREET ADDRESS	4315 ROYAL PALM AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL 33140	

TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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

CR2E037 (9/01)

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**04/28/02****3056728064**