

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

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90051 049 ****61.25

DOCUMENT # N02000002851

1. Entity Name
CLUB COLOMBICULTURA DE FLORIDA, INC.



Principal Place of Business
**12239 SOUTHWEST 208TH TERRACE
MIAMI FL 33177**

Mailing Address
**12239 SOUTHWEST 208TH TERRACE
MIAMI FL 33177**

2. Principal Place of Business
Carlos Figueas

3. Mailing Address
4299 E 8 LN

Suite, Apt. #, etc.
4299 E 8 LN

Suite, Apt. #, etc.
4299 E 8 LN

City & State
Hialeah FL 33012

City & State
Hialeah FL

Zip
33012

Country
USA

Zip
33012

Country
USA

4. FEI Number
01-0675773

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145**

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)

1/17/02
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 **PD** ☒ Delete
NAME **OLIVA, CARLOS**
STREET ADDRESS **12239 SOUTHWEST 208TH TERRACE**
CITY-ST-ZIP **MIAMI FL 33177**

TITLE **VD** ☒ Delete
NAME **MUNIZ, RENE**
STREET ADDRESS **12239 SOUTHWEST 208TH TERRACE**
CITY-ST-ZIP **MIAMI FL 33177**

TITLE **STD** ☒ Delete
NAME **SANCHEZ, VICENTE**
STREET ADDRESS **12239 SOUTHWEST 208TH TERRACE**
CITY-ST-ZIP **MIAMI FL 33177**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME **Carlos Figueas**
STREET ADDRESS **4299 E 8 LN**
CITY-ST-ZIP **Hialeah FL 33012**

TITLE ☒ Change ☐ Addition
NAME **Dagoberto LAROSA**
STREET ADDRESS **19051 SW 136 ST**
CITY-ST-ZIP **MIAMI FL 33178**

TITLE ☒ Change ☐ Addition
NAME **EMILIO D. CANO**
STREET ADDRESS **7450 W 15 AVE**
CITY-ST-ZIP **Hialeah FL 33014**

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

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

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

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 address, with all other like empowered.

SIGNATURE **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/02

CR2E037 (10/02)