

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

DOCUMENT # N02000006551

1. Entity Name

COLOMBIAN AMERICAN CHAMBER OF COMMERCE OF ORLANDO
& CENTRAL FLORIDA, INC.



FILED

03 OCT -9 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
5240 E. COLONIAL DRIVE
ORLANDO FL 32807

Mailing Address
5240 E. COLONIAL DRIVE
ORLANDO FL 32807

2. Principal Place of Business
517 W. COLONIAL DR

3. Mailing Address
SAME

Suite, Apt. #, etc.
#101

Suite, Apt. #, etc.
#101

City & State
ORLANDO, FL

City & State
SAME

Zip
32801

Country
USA

Zip
SAME

Country
SAME



REINSTATEMENT 03
CHECK HERE IF MAKING CHANGES

4. FEI Number

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
FLORIDA INCORPORATION STATION, LLC
420 PARK AVENUE 19
TALLAHASSEE FL 32301

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 William Bolivar DATE SEPT 1/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

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	D	<input type="checkbox"/> Delete
NAME	BOLIVAR, WILLIAM A	
STREET ADDRESS	5240 E. COLONIAL DRIVE	
CITY-ST-ZIP	ORLANDO FL 32807	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GARZON, RICHARD	
STREET ADDRESS	452 OSCEOLA STREET 2ND FL	
CITY-ST-ZIP	ALTAMONE SPRINGS FL 32771	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TORO, JUAN CARLOS	
STREET ADDRESS	9401 W. COLONIAL DR. WEST OAKS MALL #24	
CITY-ST-ZIP	OCOCOE FL 34761	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 an address, with all other like empowered.

SIGNATURE William Bolivar DATE SEPT 1-03 321-229-1951
Signature and typed or printed name of signing officer or director Daytime Phone #

0004666

CR2E037 (4/03)