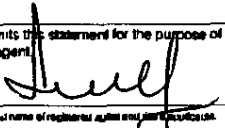
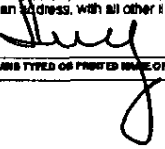


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N02000009365																																																																																																															
1. Entity Name COLOMBIA CHAMBER OF COMMERCE OF BROWARD COUNTY, INC.																																																																																																															
Principal Place of Business 6289 W SUNRISE BLVD STE #258 SUNRISE, FL 33313		Mailing Address 6289 W SUNRISE BLVD STE #258 SUNRISE, FL 33313																																																																																																													
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 54-2084533		Applied For Not Applicable																																																																																																													
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required																																																																																																													
6. Name and Address of Current Registered Agent SOTO, JAMES 6070 SW 24 ST FT LAUDERDALE, FL 33317		7. Name and Address of New Registered Agent																																																																																																													
Name		Name																																																																																																													
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)																																																																																																													
City		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 		DATE 4/29/2003																																																																																																													
Signature of principal name of registered agent and its location		Date (Registered Agent's signature required when relocating)																																																																																																													
9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees																																																																																																													
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																																																																																																													
<table border="1"> <tr> <td>TITLE</td> <td>D</td> <td>☐ Delete</td> </tr> <tr> <td>NAME</td> <td>SOTO, JAMES</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6070 SW 24 ST</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FT LAUDERDALE, FL 33317</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td>☐ Delete</td> </tr> <tr> <td>NAME</td> <td>LISCANO, FRANCISCO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1328 NW 81 AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PLANTATION, FL 33322</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td>☐ Delete</td> </tr> <tr> <td>NAME</td> <td>BORNACHERA, CARLOS</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6289 W SUNRISE BLVD STE 256</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SUNRISE, FL 33313</td> <td></td> </tr> <tr> <td>TITLE</td> <td>Orlando Velazquez</td> <td>☐ Delete</td> </tr> <tr> <td>NAME</td> <td>8455 NW 31 ST PLACE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>SUNRISE - FL 33351</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	D	☐ Delete	NAME	SOTO, JAMES		STREET ADDRESS	6070 SW 24 ST		CITY-ST-ZIP	FT LAUDERDALE, FL 33317		TITLE	D	☐ Delete	NAME	LISCANO, FRANCISCO		STREET ADDRESS	1328 NW 81 AVE		CITY-ST-ZIP	PLANTATION, FL 33322		TITLE	D	☐ Delete	NAME	BORNACHERA, CARLOS		STREET ADDRESS	6289 W SUNRISE BLVD STE 256		CITY-ST-ZIP	SUNRISE, FL 33313		TITLE	Orlando Velazquez	☐ Delete	NAME	8455 NW 31 ST PLACE		STREET ADDRESS	SUNRISE - FL 33351		CITY-ST-ZIP			TITLE		☐ Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		☐ Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1"> <tr> <td>TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		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		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.07(3)(b), 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: 		DATE: 4/29/2003																																																																																																													
Signature of principal name of registered agent and its location		Date																																																																																																													

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