FILED

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

Sep 03, 2003 8:00 am Secretary of State DOCUMENT # **N12472** 09-03-2003 90020 044 ****61.25 1. Entity Name COLOMBIAN DISASTER FUND, INC. Principal Place of Business Mailing Address 6720 SW 32 STREET 6720 SW 32 STREET MIAMI FL 33155 MIAMI FL 33155 Principal Place of Business 3. Mailing Address GOLOM BIAM DISA Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number 59-2654854 City & State Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent nd Address of Current Registered Agent VANEGAS, MAYTE Street Address (P.O. Box Number is Not Acceptable) 6720 SW 32 STREET MIAMI FL 33155 City 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 **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Added to Fees After September 10, 2003, min will be \$236,25 Trust Fund Contribution. Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. (4/03)VANEGAS MAYTE TITLE ☐ Delete TITLE VANCEAS MAYTE D 122 CALABRIA AVE #12 NAME JARAMILLO, GIULANA NAME **CR2E037** STREET ADDRESS STREET ADDRESS 6657 SW 139 AVE CORAL GABLES, El. 33134 CITY-ST-ZIP MIAMI FL 33183 CITY-ST-ZIP FARAMILLO GIULIANA Change ☐ Delete TITLE TITLE 66578.W. 139 AVE. NAME VANEGAS, MAYTÉ NAME STREET ADDRESS STREET ADDRESS 6720 SW 32 STREET MIAMI, F1. 33/83 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33155** QUINDHES FACOBO TITLE VP TITLE Detete NAME VIVES, MANUEL NAME SIIII N.W. 43 ST. COCONUT CREEK-F/-33073 STREET ADDRESS STREET ADDRESS 14233 SW 84 STREET CITY-STAZIP ~ CITY-ST-ZIP ~ MIAMI FL 33183 222 TITLE Delete TITLE NAME QUINONES, JACOBS NAME STREET ADDRESS **51111 NW 43 STREET** STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP **COCONUT CREEK FL 33073** Delete TITLE TITLE ☐ Change ☐ Addition NAME SUAREZ, RAQUEL NAME STREET ADDRESS 9503 SW 38 STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33165 **☑** Delete ☐ Change ☐ Addition TITLE TITLE NAME PINEDO, MARIA E NAME STREET ADDRESS 512 SEVILLA AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33134

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

SIGNATURE

of the corporation or the receichanged, or on an attachmen

786-317-0343

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PLEASE QHANGE THE ADDRESS TO: POLOM BIAN DESASTER FUND. 122 CALABRÍA AUE. 112 QURAL GABLES, fl. 33134