

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N31670

1. Entity Name

DIRECTORIO LIBERAL COLOMBIANO DE LA FLORIDA, INC

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90040 004 ****61.25

Principal Place of Business

Mailing Address

9735 NW 52 ST
#222
MIAMI FL 33178
US

9735 NW 52 ST
#222
MIAMI FL 33178-2010
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0442594

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

ESCALLON, DANIEL
9735 NW 52 ST
#222
MIAMI FL 33178

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 \$61.25

9. 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 PD ☐ Delete
NAME ESCALLON, DANIEL
STREET ADDRESS 9735 NW 52 ST #222
CITY-ST-ZIP MIAMI FL 33178

TITLE PD ☐ Change ☐ Addition
NAME *PRESIDENT*
STREET ADDRESS *ESCALLON DANIEL*
CITY-ST-ZIP *9735 NW 52ST #222*
MIAMI FL 33178

TITLE VD ☐ Delete
NAME SIERRA, BLANDA
STREET ADDRESS 3015 N OCEAN BLVD C117
CITY-ST-ZIP FORT LAUDERDALE FL 33308

TITLE VD ☐ Change ☐ Addition
NAME *SIERRA BLANDA*
STREET ADDRESS *3015 N. OCEAN BLVD C117*
CITY-ST-ZIP *FORT LAUDERDALE 33308*

TITLE 2V ☐ Delete
NAME ABVERRIBE, JUAN B
STREET ADDRESS 14905 SW 80 ST #221
CITY-ST-ZIP MIAMI FL 33193

TITLE 2V ☐ Change ☐ Addition
NAME *ABU CHAIBE JUAN B*
STREET ADDRESS *14905 SW 80 ST #221*
CITY-ST-ZIP *MIAMI FL 33193*

TITLE TD ☐ Delete
NAME OTERO, ALFONSO
STREET ADDRESS 9240 FONTAINEBLEAU BLVD #504
CITY-ST-ZIP MIAMI FL 33172

TITLE TD ☐ Change ☐ Addition
NAME *OTERO ALFONSO*
STREET ADDRESS *9240 FONTAINEBLEAU BLVD #504*
CITY-ST-ZIP *MIAMI FLORIDA 33172*

TITLE SD ☐ Delete
NAME BENNETT, NIDIA T
STREET ADDRESS 6564 NW 172 LANE
CITY-ST-ZIP MIAMI FL 33015

TITLE SD ☐ Change ☐ Addition
NAME *BENNETT NIDIA*
STREET ADDRESS *6564 NW 172 LANE*
CITY-ST-ZIP *MIAMI FL 33015*

TITLE D ☐ Delete
NAME GOMEZ, MARIO
STREET ADDRESS 7745 SW 183 TERR
CITY-ST-ZIP MIAMI FL 33157

TITLE D ☐ Change ☐ Addition
NAME *GOMEZ MARIO*
STREET ADDRESS *7745 SW 183 TERR*
CITY-ST-ZIP *MIAMI FL 33157*

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/14/00 . 305-418-2361

CR2E037 19/99