

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 14, 2001 8:00 am
Secretary of State

04-14-2001 90034 021 ****61.25

0043837

DOCUMENT # N31670

1. Entity Name

DIRECTORIO LIBERAL COLOMBIANO DE LA FLORIDA, INC

Principal Place of Business

9735 NW 52 ST
#222
MIAMI FL 33178
US

Mailing Address

9735 NW 52 ST
#222
MIAMI FL 33178
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

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

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

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.

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 NAME STREET ADDRESS CITY-ST-ZIP	PD ESCALLON, DANIEL 9735 NW 52 ST #222 MIAMI FL 33178	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD BLANCA SIERRA 3015 N. OCEAN BLVD C 117 FORT LAUDERDALE FL 33308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SIERRA, BLANDA 3015 N OCEAN BLVD C117 FORT LAUDERDALE FL 33308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NIDIA T BENNETT 6564 NW 172 LANE MIAMI FL 33015	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2V ABVERRIBE, JUAN B 14905 SW 80 ST #221 MIAMI FL 33193	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2V JUAN B ABUCHAIBE 14905 SW 80 ST MIAMI FL 33193	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD OTERO, ALFONSO 9240 FONTAINEBLEAU BLVD #504 MIAMI FL 33172	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALFONSO OTERO 9240 FONTAINEBLEAU #504 MIAMI FL 33172	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BENNETT, NIDIA T 6564 NW 172 LANE MIAMI FL 33015	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CLAUDIA P. PINZON 19390 COLLINS AVE #507A MIAMI BEACH FL.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOMEZ, MARIO 7745 SW 183 TERR MIAMI FL 33157	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	F JEANNETTE GOMEZ 7745 SW 183 TERR MIAMI FL 33157	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:

Daniel Escallon DANIEL ESCALLON 3/8/01 305 418-2361

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)