

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
 05-27-2002 90336 027 ****61.25

DOCUMENT # N31670

1. Entity Name

DIRECTORIO LIBERAL COLOMBIANO DE LA FLORIDA, INC

Principal Place of Business

Mailing Address

9735 NW 52 ST
 #222
 MIAMI FL 33178
 US

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

4. FEI Number

65-0442594

Applied For

Not Applicable

Zip

Country

Zip

Country

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 **SIERRA, BLANCA**
 STREET ADDRESS **3015 N OCEAN BV C117**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

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

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

TITLE **VD** ☒ Change ☐ Addition
 NAME **JUAN ABUCHAIBE**
 STREET ADDRESS **14905 SW 80 ST**
 CITY-ST-ZIP **MIAMI FL 33193**

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

TITLE **2V** ☐ Change ☒ Addition
 NAME **JAIRO RAEZA**
 STREET ADDRESS **18815 NW 62 AVE**
 CITY-ST-ZIP **MIAMI FL 33065**

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

TITLE **TD** ☐ Change ☐ Addition
 NAME **NIDIA BENNETT**
 STREET ADDRESS **10411 SW 16 ST**
 CITY-ST-ZIP **PENBRIDGE PINES FL 33025**

TITLE **SD** ☐ Delete
 NAME **PINZON, CLAUDIA P**
 STREET ADDRESS **19390 COLLINS AV 507A**
 CITY-ST-ZIP **MIAMI FL 33015**

TITLE **SD** ☐ Change ☐ Addition
 NAME **CLAUDIA PINZON**
 STREET ADDRESS **19390 COLLINS AVE 507A**
 CITY-ST-ZIP **MIAMI FL 33015**

TITLE **P** ☐ Delete
 NAME **GOMEZ, JEANNETTE**
 STREET ADDRESS **7745 SW 183 TERR**
 CITY-ST-ZIP **MIAMI FL 33157**

TITLE **P** ☐ Change ☐ Addition
 NAME **JEANNETTE GOMEZ**
 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:

DANIEL ESCALLON
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)