

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

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90179 021 ****61.25

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

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. I am familiar with, and accept the obligations of registered agent.

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
Florida 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**
CITY-ST-ZIP **MIAMI FL 33178**

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

TITLE **VD** ☐ Delete
NAME **ABUCHAIBE, JUAN**
STREET ADDRESS **149 SW 80 ST**
CITY-ST-ZIP **MIAMI FL 33193**

TITLE **VD** ☐ Change ☐ Addition
NAME **JAIRO BAEZA**
STREET ADDRESS **18815 NW 62 AVE**
CITY-ST-ZIP **MIAMI FL 33015**

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

TITLE **VD** ☒ Change ☐ Addition
NAME **NIDIA LEON**
STREET ADDRESS **1051 DEER PATH CT**
CITY-ST-ZIP **WESTON, FL 33326**

TITLE **2V** ☐ Delete
NAME **BAEZA, JAIRO**
STREET ADDRESS **18815 NW 62 AVE**
CITY-ST-ZIP **MIAMI FL 33015**

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

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

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

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

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

SIC

4/22/03 JW 418-2361

CR2E037 (10/02)