## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 27, 2001 8:00 am secretary of State **DOCUMENT # N45243** 1. Entity Name 04-27-2001 90237 047 \*\*\*\*61.25 MISION FOR COLOMBIA INC. Principal Place of Business Mailing Address 1781 SW 85TH AVE. P.O. BOX 7343 P O BOX 7343 HOLLYWOOD FL 33081 MIRAMAR FL 33025 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE -^------City & State City & State Applied For 4. FEI Number 65-0286672 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) ABRIL, LUZ 1781 S.W. 85TH AVENUE MIRAMAR FL 33025 Zip Code City Fl 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. DC □ Delete TITLE ☐ Change Addition TITLE ABRIL, LUZ NAME NAME STREET ADDRESS 1781 S.W. 85TH AVE STREET ADDRESS CITY-ST-ZIP MIRAMAR FL CITY-ST-ZIP MD ☐ Delete TITLE ☐ Change Addition TITLE ABRIL. ALVARO É NAME NAME STREET ADDRESS STREET ADDRESS 1781 SW 85 AVE CITY-ST-ZIP CITY-ST-ZIP MIRAMAR FL Addition TITLE Delete TITLE ☐ Change Yenagos TORRES, JAIRO NAME NAME Alonso 6359 NW 190 Terr Mrami, FL 33015 STREET ADDRESS STREET ADDRESS 2301 N 62TH AVE CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL Delete Addition TITLE TITLE ☐ Change PLAZAS, DENISE M NAME NAME STREET ADDRESS 11864 NW 13TH STREET STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33026 CITY-ST-ZIP Delete TITLE TITLE ROMAN, PETER NAME NAME 18256 Nediterranean Blr. #1405 STREET ADDRESS 6629 FISCUS DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIRAMAR FL 33023 FL. 33015 TITLE Delete **X** Addition

12. Thereby 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.

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

KEQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Reyes

1260 Alexauder Bend

Daytime Phone #

☐ Change