

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N45243

1. Entity Name

MISSION FOR COLOMBIA INC.

FILED

May 22, 2002 8:00 am  
Secretary of State

05-22-2002 90072 031 \*\*\*\*61.25

Principal Place of Business

1781 SW 85TH AVE.  
P O BOX 7343  
MIRAMAR FL 33025  
US

Mailing Address

P.O. BOX 7343  
HOLLYWOOD FL 33081  
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

65-0286672

☒ 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

ABRIL, LUZ  
1781 S.W. 85TH AVENUE  
MIRAMAR FL 33025

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 DC ☐ Delete  
NAME ABRIL, LUZ  
STREET ADDRESS 1781 S.W. 85TH AVE  
CITY-ST-ZIP MIRAMAR FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MD ☐ Delete  
NAME ABRIL, ALVARO E  
STREET ADDRESS 1781 SW 85 AVE  
CITY-ST-ZIP MIRAMAR FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☒ Delete  
NAME POLO, CARLOS  
STREET ADDRESS 18256 MEDITERRANEAN BLDG #1405  
CITY-ST-ZIP MIAMI FL 33015

TITLE ☐ Change ☒ Addition  
NAME Bellkiss, Roman  
STREET ADDRESS 3845 SW 125 Ave  
CITY-ST-ZIP Miramar FL 33027

TITLE VP ☒ Delete  
NAME PENAGOS, ALNOSO  
STREET ADDRESS 6359 NW 190TH TERR  
CITY-ST-ZIP HIALEAH FL 33015

TITLE ☐ Change ☒ Addition  
NAME Jairo Torres  
STREET ADDRESS 2301 N 62 Ave  
CITY-ST-ZIP Hollywood FL 33023

TITLE S ☒ Delete  
NAME ABRIL, MARIANA  
STREET ADDRESS 5 SOUTH PINE ISLAND RD  
CITY-ST-ZIP PLANTATION FL 33324

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME REYES, GRACICLA  
STREET ADDRESS 1260 ALEXANDER BEND  
CITY-ST-ZIP WESTON FL 33327

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

4-27-02 (850) 435-4213

Date

Daytime Phone #

CR2E037 (9/01)