## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like emogwered.

SIGNATURE:

## May 23, 2000 8:00 am Secretary of State **DOCUMENT # N47739** 1. Entity Name CUMBIAMBEROS DE MIAMI Y MISS COLONIA COLOMBIANA 05-23-2000 90217 019 \*\*\*\*70.00 Mailing Address Principal Place of Business 5381 W. 20TH CT. 5381 W. 20TH CT. HIALEAH FL 33016-2017 HIALEAH FL 33016 3. Mailing Address 2. Principal Place of Business jame 5381W.20C Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt, #, etc. Applied For City & State 4. FEI Number 65-0321848 Not Applicable \$8.75 Additional Country K 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) EGUIS, JAIRO A 5381 WEST 20TH CT. **APT. 107** Zip Code City HIALEAH FL 33016 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Pavable to \$5.00 May Be **FILE NOW:** Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Change \_\_\_ Addition ☐ Delete TITLE TITLE D NAME EGUIS, JAIRO A. NAME STREET ADDRESS STREET ADDRESS 5381 WEST 20 CT CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL DIRECTOR Change TITLE Delete TITLE D David Berrio 6542 NW. 179 Ln Miami Fl. 33015 NAME CARYAJALINO, RICHARD NAME STREET ADDRESS STREET ADDRESS 1717 N BAYSHORE DR. STE 1731 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33132** ☐ Delete TITLE ☐ Change Addition TITLE EGUES, INGRID M NAME NAME" STREET ADDRESS STREET ADDRESS 5381 WEST 20 CT CITY-ST-ZIP CITY-ST-7IP HIALEAH FL TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME EGUIS. EDUARDO A STREET ADDRESS STREET ADDRESS 1061 NW. 5TH AV. CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33150** ☐ Change ☐ Addition TITLE ☐ Delete NAME GERMAN, NAVARRO NAME STREET ADDRESS STREET ADDRESS 1235 S.W. 94 CT. CITY-ST-ZIP CITY-ST-ZIP MIAML FL. ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 exoplemental 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 ecciver 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

FILED