

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002546

1. Entity Name

UNIDOS POR UN MANANA COLOMBIA INC.

Principal Place of Business

9390 NW 24 PLACE
PEMBROKE PINES FL 33024

Mailing Address

9390 NW 24 PLACE
PEMBROKE PINES FL 33024

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

2210 S.W. 67TH TERRACE

Suite, Apt. #, etc.

HOUSE

City & State

MIRAMAR FL

Zip

33023

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0508552

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

CASTANEDA, FABIO
2210 S.W. 67TH TERRACE
MIRAMAR FL 33023

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	BERNAL, NORA	
STREET ADDRESS	9390 NW 24 PLACE	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CASTANEDA, FABIO	
STREET ADDRESS	2210 SW 67TH TERRACE	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CASTANEDA, CECILIA	
STREET ADDRESS	2210 SW 67TH TERRACE	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ALVAREZ, ELISA	
STREET ADDRESS	10325 NW 8TH ST.	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

CR2E037 (9/99)