2G02 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 07, 2002 8:00 am Secretary of State DOCUMENT # **N95000003934** I-07-2002 90084 009 ****70 00 COLOMBIAN CIVIC ASSOCIATION OF JACKSONVILLE, FLO RIDA CORP. Principal Place of Business Mailing Address 1040 BAY CIR. S. 1040 BAYCIRCLE S. ORANGE PARK FL 32073 ORANGE PARK FL 32073 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3331142 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7: Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SANTORO, THOMAS C ESQ 1700 WELLS ROAD., STE 5 **ORANGE PARK FL 32073** City Zip Code 8. The above named entit this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. ۲, SIGNATURE ed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. (9/01) TITLE Change Addition Delete TITLE PD ROSSI, CARLOS A NAMÉ NAME LILIANA ALVAREZ 1040 BAY CIR. S. STREET ADDRESS STREET ADDRESS 7821 Ritten House Lanea CITY-ST-ZIP ORANGE PARK FL 32073 CITY-ST-ZIP Jacksonville, Florida 32256 Delete Change ☐ Addition CARLOS A. ROSSI HERRLERA, EDUARDO NAME 1040 BAY CIRCLE S. STREET ADDRESS 1040 BAY CIR. S STREET ADDRESS ORANGE PARK, FLORIDA 32073 **ORANGE PARK FL 32073** CITY-ST-ZIP CITY-ST-ZIP TITLE 🔀 Delete TITLE Change Change Addition ARGUETTA, JORGE CARLOS ESQUIVIA-MUNOZ NAME NAME STREET ADDRESS 1040 BAY CIR. S. STREET ADDRESS 1732 SHORE LINE PL. **ORANGE PARK FL 32073** CITY-ST-ZIP CITY-ST-ZIP ORANGE PARK, FLORIDA 32073-6143 ☐ Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

☐ Delete

MARCH 28, 2002 904-264/650

☐ Change

Addition