

2000 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 21, 2000 8:00 am
Secretary of State

05-19-2000 90033 014 ****70.00

DOCUMENT # N96000004025

1. Entity Name

COLOMBIA-LATINAMERICAN GOLF ASSOCIATION INC.

Principal Place of Business

230 PARK STREET
 MIAMI SPRINGS FL 33166

Mailing Address

230 PARK STREET
 MIAMI SPRINGS FL 33166-4452

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

65-0695712

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MEJIA, EDUARDO
230 PARK STREET
MIAMI SPRINGS FL 33166

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **MEJIA, EDUARDO**
 CITY-ST-ZIP **435 MARQUESA DR**
CORAL GABLES FL 33156

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **CANO, CAMILO**
 CITY-ST-ZIP **5445 GRANADA BLVD**
CORAL GABLES FL 33146

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **COTE, EDGAR**
 CITY-ST-ZIP **13321 SW 88 TERC**
MIAMI FL 33186

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **AMAYA, JOSE A**
 CITY-ST-ZIP **9390 SW 89 ST**
MIAMI FL 33157

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **ESCOBAR, ENRIQUE**
 CITY-ST-ZIP **13424 SW 91 TRC**
MIAMI FL 33186

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☒ Change ☐ Addition
 NAME **Perrazola Alfonso**
 STREET ADDRESS **12351 SW 97 TRC**
 CITY-ST-ZIP **Miami, FL 33172**

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

TITLE ☒ Change ☐ Addition
 NAME **D**
 STREET ADDRESS **Botero, Olga L.**
 CITY-ST-ZIP **2351 Douglas Rd.**
Miami, FL 33145

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

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: **Eduardo Mejia**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-14-00 305-888-2607
 Date Daytime Phone #

CR2E037 (9/99)