

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90159 018 \*\*\*\*\*75.00

FORM 7 2003

**DOCUMENT # N96000006486**

1. Entity Name  
**COLOMBIAN AMERICAN COALITION OF FLORIDA, INC.**



Principal Place of Business  
**12205 SW 71 COURT  
MIAMI FL 33156  
US**

Mailing Address  
**12205 SW 71 COURT  
MIAMI FL 33156  
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **65-0716556** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**CABRERA, CARLOS A  
12205 S.W. 71 COURT  
MIAMI FL 33156**

7. Name and Address of New Registered Agent  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GOMEZ, MARIA N</b>	
STREET ADDRESS	<b>22240 SANDS POINT DR</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 3343</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>CABRERA, CARLOS</b>	
STREET ADDRESS	<b>12205 S W 71ST CT</b>	
CITY-ST-ZIP	<b>MIAMI FL 33156</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>ANDRADE, FABIO A</b>	
STREET ADDRESS	<b>9010 SW 137 AVE #215</b>	
CITY-ST-ZIP	<b>MIAMI FL 33186</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>FRANCO, BOLIVAR I</b>	
STREET ADDRESS	<b>2101 N STATE ROAD 7</b>	
CITY-ST-ZIP	<b>MARGATE FL 33063</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DELGADO, HAROLD</b>	
STREET ADDRESS	<b>4005 RAPIDS COURT</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32822</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SOTO, JAMES</b>	
STREET ADDRESS	<b>1876 N UNIVERSITY DR</b>	
CITY-ST-ZIP	<b>PLANTATION FL 33322</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOMEZ, MARIA NURY</b>	
STREET ADDRESS	<b>22240 SANDS POINT DR</b>	
CITY-ST-ZIP	<b>BOCA RATON, FL. 33433</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CABRERA, CARLOS A</b>	
STREET ADDRESS	<b>12205 SW 71st. Court</b>	
CITY-ST-ZIP	<b>Pinecrest, FL. 33156</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CECILIA CARO DE HUNT</b>	
STREET ADDRESS	<b>6621 SW 64 STREET</b>	
CITY-ST-ZIP	<b>S. MIAMI, FL. 33143</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BERNARDO GRAU</b>	
STREET ADDRESS	<b>4304 FOX RIDGE DRIVE</b>	
CITY-ST-ZIP	<b>WESTON, FL. 33331</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ERNESTO OBREGON</b>	
STREET ADDRESS	<b>13420 SW 77 AVENUE</b>	
CITY-ST-ZIP	<b>PINECREST, FL. 33156</b>	

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: **CARLOS A. CABRERA** PRESIDENT 04/07/03 305-665-7278

CR2E037 (10/02)