## FILED 2002 UNIFORM BUSINESS REPORT (UBR) Jul 11, 2002 8:00 am DOCUMENT # N97000004934 Secrétary of State 06-19-2002 90456 047 \*\*\*\*61.25 COLOMBIA PARA CRISTO INC. Principal Place of Business Mailing Address 96997 3555 GROVE RD 3555 GROVE RD CLEWISTON FL 33440 CLEWISTON FL 33440 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3479262 Not Applicable \$8.75 Additional Country Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent 5/6×10 Street Address (P.O. Box Number is Not Acceptable STENDAL, PATRICIA C 55 Grove 10160 MAIN DR. **BONITA SPRINGS FL 34135** ewiston <u> 33440</u> 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. the obligations of registered agent. 007 After September 13, 2002, 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. min. will be \$236.25. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Patricia C. Stendal 10160 Main Drive TITLE TITLE □ Delete STENDAL, CHADWICK M NAME NAME STREET ADDRESS STREET ADDRESS CALLE 11 #1-54 APT 703 CITY-ST-ZIP CITY-ST-ZIP Bonita Springs SANTA MARTA RODADERO CO Delete TITLE Gloria Stendal STENDAL, RUSSELL M NAME 3555 Grove Rd STREET ADDRESS STREET ADDRESS CRA 2A #66-52 APT 121D Clewiston, FL 33440 CITY-ST-ZIP CITY-ST-ZIP **BOGOTA CO** PALFORSO Nuvita Change Delete TITLE Calle 24 # 18-46 STENDAL, GLORIA NAME NAME Santa Marta, Colombia STREET ADDRESS STREET ADDRESS 10160 MAIN DR CITY-ST-7IP CITY-ST-ZIP **BONITA SPRINGS FL 34135** Sol Maria Acosta Change ☐ Delete TITLE NAME % Edificio Macondo STREET ADDRESS STREET ADDRESS Santa Marta, Colombia CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITI F

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-78P

TITLE

NAME

Patricia CEStender ED

☐ Delete

7/9/2002

863-990-0941

☐ Change

R2E037 (4/02)

■ Addition