

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000695

1. Entity Name

ALIANZA COLOMBIANA DEL GOLFO, INC.

FILED
Aug 25, 2002 8:00 am
Secretary of State

05-06-2002 90027 036 ****61.25

0015065

Principal Place of Business P.O. BOX 48681 SARASOTA FL 34230	Mailing Address P.O. BOX 48681 SARASOTA FL 34230
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42114



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 410 CORTEZ Rd W Suite, Apt. #, etc. SUITE 100 City & State BRADENTON, FL Zip 34205 Country U.S.A.	3. Mailing Address PO Box 9472 Suite, Apt. #, etc. City & State BRADENTON, FL Zip 34206 Country USA
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4. FEI Number 65-0823454	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CHACON, JORGE R
4108 HEARTHSTONE DRIVE
SARASOTA FL 34238

7. Name and Address of New Registered Agent

Name Jimmy Giraldo
Street Address (P.O. Box Number is Not Acceptable)
410 CORTEZ Rd. W.
City Bradenton FL Zip Code 34205

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 DATE 8-20-02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

After September 13, 2002, min. will be \$236.25.	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE PD NAME CORTES, EDUARDO STREET ADDRESS 3920 75TH ST, APT 502 CITY-ST-ZIP BRADENTON FL 34205	<input checked="" type="checkbox"/> Delete
TITLE VPD NAME LLORENTE, JAIME STREET ADDRESS C/O SANDOVAL S128 40TH ST W. CITY-ST-ZIP BRADENTON FL 34210	<input checked="" type="checkbox"/> Delete
TITLE SD NAME FAJARDO, AMPARO STREET ADDRESS 611 GULF DR N., APT A-28 CITY-ST-ZIP BRADENTON BEACH FL 34217	<input checked="" type="checkbox"/> Delete
TITLE TD NAME PAREJA, EDUARDO STREET ADDRESS 4029 CROCKERS LAKE BLVD #1813 CITY-ST-ZIP SARASOTA FL 34238	<input checked="" type="checkbox"/> Delete
TITLE D NAME BEJARANO, HERLENO STREET ADDRESS 318 MACARTHUR AVE CITY-ST-ZIP SARASOTA FL 34243	<input checked="" type="checkbox"/> Delete
TITLE D NAME CHAGON, JOAGE R STREET ADDRESS 4108 HEATHERSTONE DR CITY-ST-ZIP SARASOTA FL 34238	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD NAME JIMMY GIRALDO STREET ADDRESS 1712 4TH ST W CITY-ST-ZIP PALMETTO FL 34221	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V.P. NAME CORTES, EDUARDO STREET ADDRESS 3920-75TH ST, APT. 502 CITY-ST-ZIP BRADENTON FL 34205	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME LLORENTE JAIME STREET ADDRESS S128 40TH ST W CITY-ST-ZIP BRADENTON FL 34210	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D. RUTH, TIBERNI NAME STREET ADDRESS 1012 EXTREMADURA ST. CITY-ST-ZIP BRADENTON FL 34209	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SD NAME AMPARO MONTER STREET ADDRESS 204 3RD ST W APT 404 CITY-ST-ZIP BRADENTON FL 34205	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SD NAME GUILLERMO ARBOLEDA STREET ADDRESS 1712 4TH ST W CITY-ST-ZIP PALMETTO FL 34221	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 another like empowered.

SIGNATURE: 8/20/02

CR2E037 (4/02)



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

May 11, 2002

ALIANZA COLOMBIANA DEL GOLFO, INC.
P.O. BOX 48681
SARASOTA, FL 34230

Subject: **ALIANZA COLOMBIANA DEL GOLFO, INC.**

Reference Number: **N98000000695**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report has not been filed and a copy is being returned for the following correction(s):

The new registered agent must sign accepting the designation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

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ANNUAL REPORTS SECTION