

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

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90543 048 ****61.25

DOCUMENT # N98000000695

1. Entity Name

ALIANZA COLOMBIANA DEL GOLFO, INC.



Principal Place of Business

**410 CORTEZ RD W
SUITE 100
BRADENTON FL 34205**

Mailing Address

**PO BOX 9472
BRADENTON FL 34206**

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 **65-0823454**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**GIRALDO, JIMMY
410 CORTEZ RD W
BRADENTON FL 34205**

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **GIRALDO, JIMMY**
STREET ADDRESS **1712 4TH ST W**
CITY-ST-ZIP **PALMETTO FL 34221**

TITLE **VP** ☐ Delete
NAME **EDUARDO, CORTEE**
STREET ADDRESS **3920 75TH ST APT 502**
CITY-ST-ZIP **BRADENTON FL 34205**

TITLE **D** ☐ Delete
NAME **JAINE, LLOREUTE**
STREET ADDRESS **5128 40TH ST W**
CITY-ST-ZIP **BRADENTON FL 34210**

TITLE **D** ☐ Delete
NAME **TIBERINI, RUTH**
STREET ADDRESS **1012 E ST**
CITY-ST-ZIP **BRADENTON FL 34209**

TITLE **SD** ☐ Delete
NAME **MONTEZ, AMPARO**
STREET ADDRESS **204 3TH ST W APT 404**
CITY-ST-ZIP **BRADENTON FL 34205**

TITLE **SD** ☐ Delete
NAME **ARBOLEDA, GUILLERMO**
STREET ADDRESS **1712 4TH ST W**
CITY-ST-ZIP **PALMETTO FL 34221**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☒ Change ☐ Addition
NAME **EDUARDO CORTEZ**
STREET ADDRESS
CITY-ST-ZIP

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

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

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:

SIGNATURE REQUIRED

1/24/03 941-685-9197

CR2E037 (10/02)