FROM: CIP PHONE NO. : 3056638999

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FILED
Mar 01, 2001 8:00 am
Secretary of State
02-01-2001 90149 026 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000007415

1. Entity Name
COLONIAL INVESTMENT PARTNERS, INC.

Principal Place of Business
8603 SOUTH DIXIE HIGHWAY SUITE 208
MIAMI FL 33143

Mailing Address
8603 SOUTH DIXIE HIGHWAY SUITE 208
MIAMI FL 33143

- 63636

[redacted]

DO NOT WRITE IN THIS SPACE

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 65-0984142 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
COBER CORPORATE AGENTS, INC.
2601 SOUTH BAYSHORE DRIVE 19TH FLOOR
MIAMI FL 33133

7. Name and Address of New Registered Agent
Name: Carlton Fields
Street Address (P.O. Box Number is Not Acceptable): 100 SE. Second St. Suite 4000
ATTN: FRANCISCO J. ARBIDE
City: Miami FL Zip Code: 33131

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] FRANCISCO J. ARBIDE 02/23/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00 — After MAY 1, 2001 Fee will be $550.00 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GARCIA, MARGARITA 8603 SOUTH DIXIE HIGHWAY SUITE 208 MIAMI FL 33143 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GARCIA, GENARO R 8603 SOUTH DIXIE HIGHWAY SUITE 208 MIAMI FL 33143 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 1-26-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #