## **FILED** Apr 29, 2002 8:00 am Secretary of State 04-29-2002 90147 042 \*\*\*150.00

## 2002 UNIFORM BUSINESS REPORT (UBR)

P00000041951

1. Entity Name

COLOCONNECTION, INC.

DOCUMENT #

Principal Place of Business 2601 SOUTH_BAYSHORE DRIVE NINTH FLOOR MIAMI FL 33133			Mailing Address 2601 SOUTH BAYSHORE DRIVE NINTH FLOOR MIAMI FL 33133								
2. Principal f	Place of Busin	ness	3. Mailing Address				( 1 <b>00</b> #1 <b>06</b> 1	IEI <b>Do</b> eil <b>dr</b> iie <b>do</b> i	IFI BREIL ROILE E	U()) 81891  ¥U[# 1610	I BITAT ITAT 1001
Suite, Apt	. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & Sta	te		City & State			4. F	FEI Number <b>65-1005493</b>			<u> </u>	oplied For
Zip		Country	Zip	Zip Country			5. Certificate of Status Desired				
	6. Name			7. N	Name and A	ddress of Ne	w Register				
					Name						
LEIBOVITCH, ELLEN M 2601 SOUTH BAYSHORE DRIVE					Street Address (P.O. Box Number is Not Acceptable)						
SUITE 16											
MIAMI FL 33133					City				F	Zip Cod	e
SIGNATURE		y submits this statement for t			d Agent signature re			in the State o	f Florida.	TE.	
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, 2002 Fee will be \$550 Make Check Payable to Department of				1	on Campaigr Fund Contrib	-		0 May Be d to Fees
11.	T _	OFFICERS AND D	IRECTORS	12.		AD	DITIONS/CH	IANGES TO	OFFICERS A	ND DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP		MANUEL D JTH BAYSHORE DRIVE 9 33133	□ Delete							☐ Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		d, Brian K Ith Bayshore Drive 9 33133	☐ Delete						,	☐ Change	☐ Addition ·
TITLE NAME STREET ADDRESS CITY-ST-ZIP										☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Z, JOSE E ITH BAYSHORE DRIVE 9 33133	☐ Delete TH FLOOR		i					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SIEHTA, F 2601 SOU MIAMI FL	ITH BAYSHORE DRIVE 9	Delete							☐ Change	Addition
TITLE NAME STREET ADDRESS			☐ Delete	TITLE NAME STREE						☐ Change	Addition

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

-KOBISTA SAFTA SIGNATUP SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DELLOSTARY

305-856-3200

ATTACH# P00000041951/641459

2601 South Bayshore Drive Suite 900 Miami, Florida 33133 305-856-3200 305-856-8190 (fax)

## Coloconnection, Inc.

April 22, 2002

Via Courier

Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

RE:

2002 Uniform Business Report

Sirs:

Enclosed please find the Company's 2002 Uniform Business Report, together with a check in the amount of \$150.00, intended to cover the necessary filing fee.

Thank you for your good attention in this matter.

Very truly yours,

Robert D. Sichta Assistant Secretary

Enclosures as noted