2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 14, 2003 8:00 am Secretary of State

DOCUMENT # P0000041951 1. Entity Name COLOCONNECTION, INC.						04-14-20	03 90338	006 ***	150.00	
Principal Place 2601 SOUTH NINTH FLOOR MIAMI, FL 33	DRIVE		((184) 181)	1 1 2 111 1 2 1 11 1 2 1 11 1 2 1 11 1	SSIII SENL DIN	81 11878 7818	1 2721 NO 122	ı		
2. Principal F	Place of Business	3. Mailing Address	3. Mailing Address							
Suite, Apt.	₹, etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State		City & State	City & State		4. FEI Numb	65-1005493		 	oplied For ot Applicable	
Zip	Country	Zip	Country		5. Certificate	e of Status Desired	□ \$	8.75 Add	ditional d	
5. Name and Address of Current Registered Agent						d Address of New F	egistered A	ent		┼
LEIBOVITCH, ELLEN M					ROBELT D. SCHTH					
SUITE 1600 MIAMI, FL 33133				Street Address (P.O. Box Number is Not Acceptable) 2601 South Bayshilles Da, Fith Floor						
			City		HAPHI	TO THE TOTAL THE TANKS	/L) ////	Zip Cod	<u>-</u>	1
8. The above	named entity submits this stater	ment for the purpose of changing its	registered office		 _	oth, in the State of Fi	orida. I am 1a	<u>「フタ」</u> miliar with,	and accept	1
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 Signalume, system or primate name of experienced argent and title of application. (NOTE: Registered Again; signalume sequired when nonstating) CATE OATE										
FILE NOWLIL FEE IS 450.00									1	
Afte	May 1, 2003 Fee will be \$50 Payable to Florida Departi	50 00	- · · · ·	* ***		lection Campaign Fir rust Fund Contribution			0 May Be d to Fees .	
10.		S AND DIRECTORS	11 1-		ADDITIONS	CHANGES TO OFF	ICERS AND I	DIRECTOR	S IN 11	}
TITLE	D	☐ Delete	TITLE				.	Change	Addition	0,02
NAME STREET ADDRESS CITY-ST-ZP	MEDINA, MANUEL D 2601 SOUTH BAYSHORE I MIAMI, FL 33133	DRIVE 9TH FLOOR	STREET ADDRES CITY-ST-ZIP	ss						CRZE034 (10/02)
TITLE	DP	☐ Delete	TITLE					Change	Addition	CRZ
NAME STREET ADDRESS	GOODKIND, BRIAN K 2601 SOUTH BAYSHORE I	DRIVE 9TH FLOOR	NAME STREET ADDRES	ss						
CITY-ST-ZIP	MIAMI, FL 33133		CITY-ST-ZIP							
TITLE NAME	VPS GONZALEZ, JOSE E	☐ Delete	1IILE NAME					☐ Change	Addition	
STREET ADDRESS	2601 SOUTH BAYSHORE	DRIVE 9TH FLOOR	STREET ADDRES	ss	_	_		 .		
TITLE	MIAMI, FL 33133	□ Delete	CITY-ST-2IP	,				Change	Addition	-
NAME	SIGHTA, ROBERT SICH	177A	NAME	-						
STREET ADDRESS CITY-ST-2IP	2601 SOUTH BAYSHORE I MIAMI, FL 33133	DRIVE 9TH FLOOR	STREET ADDRES CITY-ST-ZIP	zz						
TITLE		☐ Delete	TITLE					☐ Change	Addition	1
NAME STREET ADDRESS			NAME STREET ADDRES	22						
CITY-ST-ZP			CITY-ST-2IP		· · · · · · · · · · · · · · · · · · ·					
TITLE NAME		☐ Delete	TITLE NAMÉ				I	☐ Change	Addition	
STREET ADDRESS City-St-2P			STREET ADDRES	55_	2,1			, _ 9	110	
12. I hereby	certify that the information supplied on this report or supplied the information supplied to the supplied of t	ed with this filing does not qualify for	the exemption s	stated in Sec	tion 119.07(3	(i), Florida Statutes.	I further certif	y that the in	nformation or director	1
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 10 or Block 11 if changed, or on an attachine it may address, with all other like empowered.										
SIGNATURE:										