FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2005 8:00 am
Secretary of State
05-27-2005 90022 028 ***158.75

DOCUMENT # P00000055644

1. Entity Name
ENVIColombiA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
11300 NW 87 CT	11300 NW 87 CT	
Suite, Apt. #, etc. 151	Suite, Apt. #, etc. 151	
City & State HiALEAH GARDENS, FL	City & State HiALEAH GARDENS, FL	4. FEI Number 651040581 ☐ Applied For ☐ No. Applicable
Zip 33018 Country USA	Zip 33018 Country USA	5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name ENVIColombiA

Street Address (P.O. Box Numbers Not Acceptable) 11300 NW 87 CT 151

City HIALEAH FL Zip Code 33018

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
(Signature, type or printed name of registered agent and, if applicable, title of officer) (If changing registered agent, signature of new registered agent required when changing)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE P NAME Adiela Ramirez STREET ADDRESS 11300 NW 87 CT 151 CITY-ST-ZIP zip 33018		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/02)

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #