

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

04-10-2002 90664 001 \*\*\*150.00

<b>DOCUMENT #</b>	P00000060888
<b>1. Entity Name</b>	Colmado Nica Corp.

**DO NOT WRITE IN THIS SPACE**

B0064149

<b>2. Principal Place of Business</b> 7313 SW. 107th Ave. Suite, Apt. #, etc.	<b>3. Mailing Address</b> 7313 SW 107th Ave. Suite, Apt. #, etc.
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<b>City &amp; State</b> Miami Florida	<b>City &amp; State</b> Miami Florida	<b>4. FEI Number</b> 651031354	<b>Applied For</b> Not Applicable
<b>Zip</b> 33162	<b>Country</b> USA	<b>Zip</b> 33162	<b>Country</b> USA
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

<b>Name</b> Martha Soza
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 7313 SW 107th Ave.
<b>City</b> Miami
<b>State</b> FL
<b>Zip Code</b> 33162

**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** Martha Soza 04/02/02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> <input type="checkbox"/> <small>(See criteria on back)</small>	<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Department of State</b>	<b>10. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>11. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b> D	<b>NAME</b> Martha Soza	<b>TITLE</b> P	<b>NAME</b> Ivania J. Sosa
<b>STREET ADDRESS</b> 225 N.E. 175 Terr.	<b>STREET ADDRESS</b> Miami, Florida 33162	<b>STREET ADDRESS</b> 3001 S. Ocean Dr. 14 W.	<b>STREET ADDRESS</b> North Miami, Beach FL 33162
<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>	
<b>TITLE</b> D	<b>NAME</b> Nora Reyes	<b>TITLE</b> D	<b>NAME</b> Ivania J. Sosa
<b>STREET ADDRESS</b> 12014 S.W. 273 St.	<b>STREET ADDRESS</b> Homestead Florida 33032	<b>STREET ADDRESS</b> 3001 S. Ocean Dr. 14 W.	<b>STREET ADDRESS</b> NorthMiami, Beach FL 33162
<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>	
<b>TITLE</b>		<b>TITLE</b>	
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
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<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
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<b>TITLE</b>		<b>TITLE</b>	
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>	
<b>TITLE</b>		<b>TITLE</b>	
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>	

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**13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:** Martha Soza 04/02/02  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)