

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90237 011 \*\*\*150.00

**DOCUMENT # P00000070709**

1. Entity Name

**COLINSA, INC.**

Principal Place of Business

Mailing Address

**147 WOODLANDS RD  
 WEST PALM BEACH FL 33461**

**147 WOODLANDS RD  
 WEST PALM BEACH FL 33461**

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

**05-0897256**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**ARCINIEGAS, HERNANDO  
 147 WOODLANDS RD  
 WEST PALM BEACH FL 33461**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when retitling)

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	ARCINIEGAS, HERNANDO	
STREET ADDRESS	517 PINE ABBEY DR	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BARON, ALVARO	
STREET ADDRESS	469 CARTHAGE CR S	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CORTES, JORGE	
STREET ADDRESS	4635 B ORLEANS CT	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CORTES, CLEJO	
STREET ADDRESS	6130 OAK ROYAL DR	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARCINIEGAS, HERNANDO	
STREET ADDRESS	147 Woodlands Rd	
CITY-ST-ZIP	West Palm Beach, FL 33461	
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVARO BARON	
STREET ADDRESS	469 CARTHAGE CIR S	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JORGE CORTES	
STREET ADDRESS	4635 B ORLEANS CT	
CITY-ST-ZIP	WPB FL 33415	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLEJO CORTES	
STREET ADDRESS	6130 OAK ROYAL DR	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

*Hernando Arciniegas*

**04-04-2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)