

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90236 012 ***150.00

DOCUMENT # P00000070709

1. Entity Name
COLINSA, INC.

Principal Place of Business
**147 WOODLANDS RD
 WEST PALM BEACH FL 33461**

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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number **65-0897756**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

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

Name

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

City

FL

Zip Code

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 *Hernando Arciniegas*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-20-2002

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 \$550.00
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **ARCINIEGAS, HERNANDO**
 CITY-ST-ZIP **147 WOODLANDS ROAD
 PALM SPRING FL 33461**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME **SD**
 STREET ADDRESS **BARON, ALVARO**
 CITY-ST-ZIP **469 CARTHAGE CR S
 BOYNTON BEACH FL**

TITLE ☒ Change ☐ Addition
 NAME **SD**
 STREET ADDRESS **FANNY C. RODRIGUEZ**
 CITY-ST-ZIP **1325 WORTHINGTON ST.
 W.P.B. 33401**

TITLE ☐ Delete
 NAME **VD**
 STREET ADDRESS **CORTES, JORGE**
 CITY-ST-ZIP **4635 B ORLEANS CT
 WEST PALM BEACH FL 33415**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **TD**
 STREET ADDRESS **CORTES, CLELIO**
 CITY-ST-ZIP **6130 OAK ROYAL DR
 LAKE WORTH FL 33463**

TITLE ☒ Change ☐ Addition
 NAME **TD**
 STREET ADDRESS **CORTES, CLELIO**
 CITY-ST-ZIP **5083 NAUTICA LAKE CIRCLE
 GREENACRES FL 33463**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(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.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)