

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000114389

1. Entity Name

SABOR A COLOMBIA, CORP.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 15 PM 12:23

Principal Place of Business

11865 SW 26th Street
Suite J-10
Miami, FL 33175

Mailing Address

C/O The Solano Group, P.A.
782 NW 42nd Ave Suite # 328
Miami, FL 33126

2. Principal Place of Business

3. Mailing Address

782 NW 42nd Ave Ste # 328

Suite, Apt. #, etc.

Suite, Apt. #, etc.

328

City & State

City & State
Miami, Florida

Zip

Country

Zip

33126

Country

4. FEI Number

65-1062479

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ENDO, CARLOS A.
11865 SW 26 Street
Suite J-10
Miami, FL 33175

Name

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

4000004653274

-10/25/01--01056--001

City

****150FL

210000150.00

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 resigning)

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

AREN 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/S/T/D.
NAME Endo, Carlos A.
STREET ADDRESS 11865 SW 26th Street Ste J-10
CITY-ST-ZIP Miami, Florida 33175

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change

☐ Addition

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 507, 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: *

Carlos A. Endo, Pres.

10/11/01 305-221-0602

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRJEN34 11/1/01

SABOR A COLOMBIA, CORP.

October 11, 2001

Department of State
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

As per telephone conversation with your department at (850) 488-9000 Reinstatement Section on today date, asking why our corporation is inactive if we do not receive any notification, we realize that we having a lot of problem with our correspondence because the shopping center is in a remodeling for more that 10 months already and a lot of correspondence have been misplace and lost.

As a first time, we are not aware that this report is coming and need to be mail on a certain period of time.

Following your instruction, please find a temporary form of the Annual Report with a check # 0314 for \$150.00 together with this letter of explanation.

To avoid future losses on the mail please change our Mailing Address to:

c/o The Solano Group, P.A. 782 NW 42nd Ave Suite # 328 Miami, Florida 33126

Thank you, for takes care our case. If you need additional information, do not hesitate to call us.

Sincerely,



Carlos A. Endo
President