

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 30, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90036 005 \*\*\*150.00

95518



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P01000017706**  
**1. Entity Name**  
**COLOMBIAN FOODS, INC.**

**Principal Place of Business**  
**6923 NW 48TH ST.**  
**MIAMI FL 33166**

**Mailing Address**  
**6923 NW 48TH ST.**  
**MIAMI FL 33166**

**2. Principal Place of Business**  
**16800 S.W. 49 Court**  
**Suite, Apt. #, etc.**

**3. Mailing Address**  
**16800 S.W. 49 Court**  
**Suite, Apt. #, etc.**

**City & State**  
**Mirimar FL**

**City & State**  
**Mirimar, FL**

**Zip**  
**33027**

**Country**

**4. FEI Number**  
**65-1066079**

**Applied For**  
☐ **Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**MADRID, DIANA**  
**6923 NW 48TH ST.**  
**MIAMI FL 33166**

**7. Name and Address of New Registered Agent**  
**Name**  
**Madrid, Diana**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**16800 S.W. 49 Court**  
**City**  
**Mirimar**  
**FL**  
**Zip Code**  
**33027**

**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** *Diana P. Madrid* **DATE** *103-26-07*

Signature must be printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** ☐ **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 NAME STREET ADDRESS CITY-ST-ZIP	DP MADRID, DIANA 3840 YACHT CLUB DR. AVENTURA FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MADRID, DIANA 16800 S.W. 49 Court Mirimar, FL 33027 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV OQUENDO, URIEL 3840 YACHT CLUB DR. AVENTURA FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV OQUENDO, URIEL 16800 S.W. 49 Court Mirimar, FL 33027 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:** *SUBNATURAL DIANA MADRID* **DATE** *03-26-02*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)