2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000026556 **DOCUMENT #**

1. Entity Name

TARDES COLOMBIANAS INC.



FILED Feb 24, 2003 8:00 am Secretary of State 02-24-2003 90195 018 ***150.00

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| Principal Place of Business 12143 SW 50TH CT. COOPER CITY FL 33330 | | Mailing Address 12143 SW 50TH CT. COOPER CITY FL 33330 | | | | 1 7 0 04 0 01 547 00 404 44 0 01 0 049 | CO NT! 41 | | 210 a ri a l b ell | IK 0 1810 okil l e ok | |
| Place of Busine | ss | 3. Mail | ing Address | - . | | | | | | | |
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| City & State Zip Country | | | City & State | | | 4. FEI Number 65-1108434 | | | | <u> </u> | Applied For Not Applicable |
| | Country | Zip | | Count | ry | 5 . C | ertificate of Status Desired | d | | \$8.75 A | dditional |
| 6Name a | nd Address of Curren | t Registere | d Agent | : | | 7N | ame and Address of Nev | v Regi | | | |
| JIS H | | | | | Name | | | | | | |
| 12143 SW 50TH CT. | | | | | Street Address | (P.O. Bo | x Number is Not Accepta | ble) | **** | | · |
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| 01111123333 | U | | | | | | | | | | |
| | 3 | | | Γ | City | | | | FI | Zip Co | de |
| e named entity s | ubmits this statement | for the purpo | se of changing its r | registered | d office or registe | red ager | nt, or both, in the State of | Florida | | amiliar with | n, and accept |
| | | | | | | | | | | | |
| Signature, typed or | printed name of registered agen | nt and title if applic | able. (NOTE: | : Registered | Agent signature require | d when rein: | stating) | _ | DATE | | |
| er May 1, 2003 | Fee will be \$550.00 lorida Department | of State | | - | | | | | | \$5. Adde | 00 May Be ed to Fees |
| T | OFFICERS AND | DIRECTOR | S | 11. | | ADD | ITIONS/CHANGES TO O | FFICE | RS AND | DIRECTOR | RS IN 11 |
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| VD ORTIZ, EDWA 12143 SW 50 | ARD TH CT. | | ☐ Delete | TITLE NAME STREET | ADDRESS T-7IP | | | <u>,</u> | | Change | Addition |
| SD MEDINA, GLO 442 NE 210 (| ORIA DIRCLE N. | | ≥ Delete | TITLE NAME STREET | ADDRESS | <u></u> - <u>-</u> | The state of the s | ange and the second | and the second spin | Change | ☐ Addition |
| • | | • | □ Delete | | | | | | | ☐ Change | Addition |
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| l | | | | | | | | | | | |
| | Place of Busine of. #, etc. ate 6Name a JIS H V 50TH CT. CITY FL 3333 e named entity s ations of register Signature, typed or g FILE NOW!!! ar May 1, 2003 ak Payable to F PTD ORTIZ, LUIS 12143 SW 50 COOPER CIT VD ORTIZ, EDWA 12143 SW 50 COOPER CIT SD MEDINA, GLO 442 NE 210 0 | Country 6Name and Address of Currer JIS H V 50TH CT. CITY FL 33330 e named entity submits this statement ations of registered agent. Signature, typed or printed name of registered ager FILE NOW!!! FEE IS \$150.00 ar May 1, 2003 Fee will be \$550.00 ar May 1, 2003 Fee will be \$550.00 ar May 1, 2003 Fee will be \$550.00 be Payable to Florida Department of PTD ORTIZ, LUIS H 12143 SW 50TH CT. COOPER CITY FL 33330 VD ORTIZ, EDWARD 12143 SW 50TH CT. COOPER CITY FL 333330 | Place of Business 3. Mails ot. #, etc. Country Country Zip Country Zip 6Name and Address of Current Registered JIS H V 50TH CT. CITY FL 33330 e named entity submits this statement for the purpolations of registered agent. Signature, typed or printed name of registered agent and title if applications of registered agent. Signature, typed or printed name of registered agent and title if applications of registered agent | Place of Business 3. Mailing Address bit. #, etc. Suite, Apt. #, etc. City & State Country Zip 6. Name and Address of Current Registered Agent V 50TH CT. CITY FL 33330 e named entity submits this statement for the purpose of changing its ations of registered agent. Signature, hyped or printed name of registered agent and title if applicable. (NOTE FILE NOW!!! FEE IS \$150.00 ar May 1, 2003 Fee will be \$550.00 ar May 1, 2003 Fee will be \$550.00 ar May 1, 2003 Fee will be \$550.00 by Payable to Florida Department of State OFFICERS AND DIRECTORS PTD ORTIZ, LUIS H 12143 SW 50TH CT. COOPER CITY FL 33330 VD ORTIZ, EDWARD 12143 SW 50TH CT. COOPER CITY FL 33330 SD MEDINA, GLORIA 442 NE 210 CIRCLE N. MIAMI FL 33179 | Place of Business 3. Mailing Address bt. #, etc. Suite, Apt. #, etc. ate Country Zip Count Country Zip Count Country Zip Count Country Jis H V 50TH CT. CITY FL 33330 e named entity submits this statement for the purpose of changing its registered ations of registered agent and tite if applicable. NOTE: Registered agent and tite if applicable. FILE NOW!!! FEE IS \$150.00 ard May 1, 2003 Fee will be \$550.00 ard May 1, 2003 Fee will be \$550.0 | Place of Business 3. Mailing Address bit. #, etc. Suite, Apt. #, etc. ate Country Zip Country Zip Country Street Address Name Street Address Octity & State City & State Country Street Address Octity City e named entity submits this statement for the purpose of changing its registered office or registe ations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature require FILE NOW!!! 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Name and Address of New Name Street Address (P.O. Box Number is Not Accepta Street Address (P.O. Box Number is Not Accepta City FL 33330 City City e named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of atoms of registered agent. Signature, typed or protect earner of registered agent and the Il applicable. (NOTE: Registered Agent agrature required when reinstating) FILE NOW!!! FEE IS \$150.00 Ix Payable to Florida Department of State OFFICERS AND DIRECTORS Delete TITLE NAME STREET ADDRESS OTY-51-ZIP Delete TITLE NAME AND STREET ADDRESS OTY-51-ZIP Delete TITLE NAME STREET ADDRESS OTY-51-ZIP Delete TITLE TITLE | COOPER CITY FL 33330 COOPER CITY FL 33330 COOPER CITY FL 33330 COUNTRY Country | Place of Business 3. Mailing Address 5. Let etc. Suite, Apt. #, etc. City & State Country Zip Country S. Certificate of Status Desired 65-1108434 Country S. Certificate of Status Desired 6-Name and Address of Currant Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Street Address (P.O. Box Number is Not Acceptable) City FL Street Address (P.O. Box Number is Not Acceptable) City FL Street Address (P.O. Box Number is Not Acceptable) City FL Street Address (P.O. Box Number is Not Acceptable) City FL Street Address (P.O. Box Number is Not Acceptable) City FL Street Address (P.O. Box Number is Not Acceptable) City FL Street Address (P.O. Box Number is Not Acceptable) City FL Street Address (P.O. Box Number is Not Acceptable) City FL Street Address (P.O. Box Number is Not Acceptable) City FL Street Address (P.O. Box Number is Not Acceptable) DAIL: Street Address (P.O. Box Number is Not Acceptable) City FL Street Address (P.O. Box Number is Not Acceptable) DAIL: Street Address (P.O. Box Number is Not Acceptable) DAIL: Street Address (P.O. Box Number is Not Acceptable) DAIL: Street Address (P.O. 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Cartificate of Status Desired \$8.75 A Fee Required Address Fee Required 5. Name and Address of New Registered Agent Name Name Name Name Name Street Address (PO, Box Number is Not Acceptable) City FL Zip Country Street Address (PO, Box Number is Not Acceptable) City FL Zip Country Signalus, lipsed or printed name of explained agent and elicit approximate required above r |

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 changed, or on an attachment with an address, with all or Block 10 or Block 11 if

SIGNATURE:

REQUIRED! RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR