

2002

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2002 8:00 A.M
Secretary of State

DOCUMENT # *P01000033609*

1. Entity Name
Colusa Investment Corp.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>175 Fountainbleau Blvd.</i>		3. Mailing Address <i>175 Fountainbleau Blvd.</i>	
Suite, Apt. #, etc. <i>Ste. 2L</i>		Suite, Apt. #, etc. <i>Ste 2L</i>	
City & State <i>Miami, FL</i>		City & State <i>Miami, FL</i>	
Zip <i>33172</i>	Country <i>U.S.A.</i>	Zip <i>33172</i>	Country <i>U.S.A.</i>

DO NOT WRITE IN THIS SPACE

4. FEI Number <i>65-1088421</i>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <i>Elizabeth Posada</i>
Street Address (P.O. Box Number is Not Acceptable) <i>175 Fountainbleau Blvd.</i>
City <i>Miami</i> FL Zip Code <i>33172</i>

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 *Elizabeth Posada*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 <i>Vice-President</i>	NAME <i>Elizabeth Posada</i>
STREET ADDRESS <i>175 Fountainbleau Blvd. Ste. 2L</i>	
CITY-ST-ZIP <i>Miami, FL 33172</i>	

TITLE NAME STREET ADDRESS CITY-ST-ZIP
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100005824021--
06/19/02-01035-007
******150.00 ****150.00**

TITLE <i>President</i>	NAME <i>Adriana Jurado</i>
STREET ADDRESS <i>175 Fountainbleau Blvd. Ste 2L</i>	
CITY-ST-ZIP <i>Miami, FL 33172</i>	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Elizabeth Posada*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-19-02-305/554-5550
Date Daytime Phone #

CR20348 (12/01)