

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90061 018 \*\*\*158.75

**DOCUMENT # P01000055670**

1. Entity Name  
**ELECTRICAS BOGOTA CORP.**

Principal Place of Business  
**2801 NW 74 AVE #219 MIAMI FL 33122**

Mailing Address  
**2801 NW 74 AVE #219 MIAMI FL 33122**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**7284 NW 25th ST.**

3. Mailing Address  
**7284 NW 25th ST.**

City & State  
**Miami, FL**

City & State  
**Miami, FL**

4. FEI Number  
**65-1110782**

Applied For  
 Not Applicable

Zip  
**33122**

Country  
**USA**

Zip  
**33122**

Country  
**USA**

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

6. Name and Address of Current Registered Agent  
**NINO, YHIR J**  
**2801 NW 74 AVE #219**  
**MIAMI FL 33122**

7. Name and Address of New Registered Agent  
 Name  
**Luis E. NINO**  
 Street Address (P.O. Box Number is Not Acceptable)  
**7284 NW 25th STREET**  
 City  
**Miami** **FL** Zip Code  
**33122**

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 DATE **4/5/02**

Signature, typed or 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.  (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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>NINO, LUIS E</b> <b>2801 NW 74 AVE #219</b> <b>MIAMI FL 33122</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<b>PD</b> <b>NINO, LUIS E</b> <b>7284 NW 25th STREET</b> <b>Miami, FL 33122</b>
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>NINO, YHIR J</b> <b>2801 NW 74 AVE #219</b> <b>MIAMI FL 33122</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<b>D</b> <b>NINO, YHIR J</b> <b>7284 NW 25th STREET</b> <b>Miami, FL 33122</b>
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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: DATE **4/5/02** DAYTIME PHONE # **(305) 477-5553**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)