

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 APR 29 AM 9:37

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P02000020142

1. Entity Name
COLCONSULTING CORPORATION



Principal Place of Business
**187 SEDGEFIELD CIRCLE
WINTER PARK, FL**

Mailing Address
**187 SEDGEFIELD CIRCLE
WINTER PARK, FL**

2. Principal Place of Business

3. Mailing Address

691 Ashford Oak Dr. #205
Suite, Apt. #, etc.

691 Ashford Oak Dr. #205
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number

☒ Applied For :
Not Applicable

Altamonte Spgs Fl. 32714
Zip

Altamonte Spgs Fl. 32714
Zip

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

32714 6. Name and Address of Current Registered Agent

USA 7. Name and Address of New Registered Agent

**ALVAREZ, MARIA C
187 SEDGEFIELD CIRCLE
WINTER PARK, FL**

Name
Oscar H. Rojas
Street Address (P.O. Box Number is Not Acceptable)
**691 Ashford Oak Dr. #205
Altamonte Spgs Fl. 32714**

City **Altamonte Spgs Fl** Zip Code **FL 32714**

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. I am filing this and accept the obligations of registered agent.

SIGNATURE

Oscar H. Rojas

Signature of principal officer, officer, director, and agent required when filing.

4-22-2003
DATE

FILE NOW!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANCHEZ, BERNARDO CALLE 131 #9B-39 BOGOTA COLOMBIA,	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALVAREZ, MARIA I CALLE 131 #9B-39 BOGOTA COLOMBIA,	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALVAREZ, MARIA C 8518 BEAUFORT DR. 20759-9632 FULTON, MD	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DECLARIS, MARIA C 8518 BEAUFORT DR. 20759-9632 FULTON, MD	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 700018837537 05/13/03--01055--006 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TD M^a Clemencia Alvarez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-2003 (40796575318)

0325034 (10/02)