2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State
03-03-2003 90853 050 ***150.00

DOCUMENT # P02000031627

1. Entity Name
Colidata Entertaiment, Corp.

Principal Place of Business
8101 SW 73 Ave apt #15
Miami, FL 33143

Mailing Address
8101 SW 73 Ave. Apt #15
Miami, FL 33143

2. Principal Place of Business
8308 NW 68 Street
Suite, Apt. #, etc.
City & State: Miami, FL
Zip: 33166 Country: USA

3. Mailing Address
8308 NW 68 Street
Suite, Apt. #, etc.
City & State: Miami, FL
Zip: 33166 Country: USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 75-3029079 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
Nestor L. Colina
8101 SW 73 Ave Apt #15
Miami FL 33143

7. Name and Address of New Registered Agent
Name: Nestor L. Colina
Street Address (P.O. Box Number is Not Acceptable): 8308 NW 68 Street
City: Miami FL **FL** Zip Code: 33166

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 familiar with, and acc the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

~~FILE NOW!!! FEE IS $150.00~~
~~After May 1, 2003 Fee will be $500.00~~
~~Make Check Payable to Florida Department of State~~

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Added to Fee

10. OFFICERS AND DIRECTORS

TITLE	President / Director
NAME	Nestor L. Colina
STREET ADDRESS	8101 SW 73 Ave Apt #15
CITY-ST-ZIP	Miami FL 33143

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President / Director
NAME	Nestor L Colina
STREET ADDRESS	8308 NW 68 Street
CITY-ST-ZIP	Miami FL 33166

☒ Change ☐ Add

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 informa 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 dire 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 02/26/2003 Date 305-593 2213 Daytime Phone #
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR