


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

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90602 007 ***150.00

DOCUMENT # P02000102114	
1. Entity Name COLATEL, INC.	

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80009494

2. Principal Place of Business 1852 NE MIAMI GARDENS DRIVE		3. Mailing Address 5640 NW 115 CT	
Suite, Apt. #, etc.		Suite, Apt. #, etc. APT. #210	
City & State NORTH MIAMI BEACH, FL		City & State MIAMI, FL	
Zip 33179	Country USA	Zip 33178	Country USA
4. FEI Number 74-3063133		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

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DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name LUIS LATOUCHE	
	Street Address (P.O. Box Number is Not Acceptable)	
	5640 NW 115 CT #210	
	City MIAMI, FL	FL Zip Code 33178

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 accept the obligations of registered agent.

SIGNATURE  **LUIS LATOUCHE** **01/14/03**
(NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LATOUCHE, LUIS PD 5640 NW 115 CT #210 MIAMI, FL 33178	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **LUIS LATOUCHE** **01/14/03** **305-790-3363**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E0348 (12/02)