

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000125184

1. Entity Name
COLPISOS ENTERPRISES, CORP.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT -1 PH 3:33

Principal Place of Business
5200 NW 31 AVE
E -81
FT. LAUDERDALE FL 33309

Mailing Address
5200 NW 31 AVE
E -81
FT. LAUDERDALE FL 33309



2. Principal Place of Business

5200 NW 31 AVE

Suite, Apt. #, etc.

D73

3. Mailing Address

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Fort Lauderdale

City & State

4. FEI Number 33-1031234

Applied For
☒ Not Applicable

Zip
33309

Country
USA

Zip

Country

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

6. Name and Address of Current Registered Agent

GRISALES, CLAUDIA V
5200 NW 31 AVE
E -81
FT. LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
GRISALES, CLAUDIA V
5200 NW. 31 AVE # E -81
FT. LAUDERDALE FL 33309

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

600023515125
10/02/03--01064--005 **165.00

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP.
VALENCIA, ROBINSON
5200 NW 31 AVE # W -81
FT LAUDERDALE FL 33309

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

SIGNATURE:

Claudia V. Grisales
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09-10-03

954-4850460

Date

Daytime Phone #

CR2E034 (4/03)

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AV