

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

**FILED**  
**Sep 10, 2003 8:00 am**  
**Secretary of State**

09-10-2003 90067 010 \*\*\*150.00

DOCUMENT # P02000129204

1. Entity Name

COLOMBIA MULTISERVICIOS CORP.  
1201 LA MESA AVE  
ORLANDO FL 32708 Q

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1201 LA MESA AVE

3. Mailing Address

1201 LA MESA AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ORLANDO FL

City & State

ORLANDO FL

4. FEI Number

81-0585947

Applied For

Not Applicable

Zip

32708

Country

U.S.

Zip

32708

Country

U.S.

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name MARIA MARTINEZ

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

1201 LA MESA AVE

City

ORLANDO

FL

Zip Code

32708

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

9/8/03  
DATE

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so. ☐

(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE P  
NAME MARTINEZ, MARIA A.  
STREET ADDRESS 1201 LA MESA AVE  
CITY-ST-ZIP ORLANDO, FL 32708

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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NAME  
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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

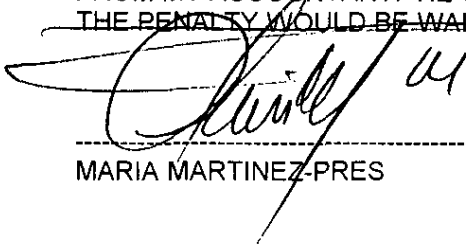
9/8/03

Attachment

80146541  
PO2000129204

COLOMBIA MULTISERVICES CORP  
1201 LA MESA AVE  
ORLANDO, FL 32708

PLEASE ACCEPT MY CHECK FOR \$150 AND WAIVE THE PENALTY. I NEVER RECEIVED  
THE ORIGINAL BILL FROM THE DEPARTMENT OF STATE. I FOUND OUT I WAS LATE  
FROM MY ACCOUNTANT. HE CALLED AND WAS TOLD TO SEND AN EXPLANATION AND  
~~THE PENALTY WOULD BE WAIVED.~~

A handwritten signature in black ink, appearing to read 'Maria', followed by a large, stylized flourish and the number '41'.

MARIA MARTINEZ-PRES