

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000081206

1. Entity Name
COLUMBIA IMPEX CORP.

Principal Place of Business

16112 N.W. 13TH AVE.
MIAMI FL 33169-5712

Mailing Address

P O BOX 694281
MIAMI FL 33269-1281
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0439016

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BENNETT, ARMAND S
2851 NE 183RD STREET 1906
20TH FLOOR
AVENTURA FL 33160

7. Name and Address of New Registered Agent

Name RUBEN VILLANUEVA
Street Address (P.O. Box Number is Not Acceptable)
691 NW 158 LANE
City PEBROKE PINES FL Zip Code 33028

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 Armand S. Bennett deceased Ruben Villanueva 8/15/00 (N)
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 BENNETT, ARMAND S.
STREET ADDRESS 2851 NE 183 ST #1906
CITY-ST-ZIP AVENTURA FL 33160 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE TRUSTEE FOR ESTATE OF A.S. Bennett
NAME Frederic B. Bennett
STREET ADDRESS 62 FAIRWAY AVENUE
CITY-ST-ZIP VERONA, NJ 07044 ☒ 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

SIGNATURE: Ruben Villanueva ASST. Secretary 8/15/00 (305) 615-0511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Aug 17, 2000 8:00 am
Secretary of State

08-17-2000 90099 026 ***550.00



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)