FILED
Aug 25, 2003 8:00 am
Secretary of State
08-25-2003 90110 025 ***550.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000069333

1. Entity Name
C. COLON LEGAL AND ASSOCIATES, INC.

Principal Place of Business	Mailing Address
~~270 NE 51 ST~~	~~270 NE 51 ST~~
~~FT LAUDERDALE, FL 33334~~ US	~~FT LAUDERDALE, FL 33334~~ US

2. Principal Place of Business	3. Mailing Address
105 N.E. 3rd STREET	105 NE 3rd STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FT. LAUDERDALE, FL	City & State: FT LAUDERDALE, FL
Zip: 33301 Country: USA	Zip: 33301 Country: USA

X CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0524054 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROEHM, DAN C JR	Name: ROEHM, DAN C. JR.
~~270 NE 51 ST~~	Street Address (P.O. Box Number is Not Acceptable): 105 NE 3rd STREET
~~FT LAUDERDALE, FL 33334~~	City: FT LAUDERDALE FL Zip Code: 33301

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 ______________________ 8/18/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Amended UBR is $61.25
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ROEHM, DAN C JR	NAME	
STREET ADDRESS	~~270 NE 51 ST~~ 105 NE 3rd STREET	STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE, FL ~~33334~~ 33301	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

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: ______________________ 8/18/03 954.527.5595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #