

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90326 035 \*\*\*150.00

0205988 AV

**DOCUMENT # P95000038779**

1. Entity Name  
**COLIBRI INVESTMENT OF MIAMI, INC.**



Principal Place of Business  
**7500 SW 8 STREET  
SUITE 303  
MIAMI FL 33144  
US**

Mailing Address  
**P.O. BOX 145280  
CORAL GABLES FL 33114-5280**



2. Principal Place of Business  
**5505 NW 7 ST**

3. Mailing Address

Suite, Apt. #, etc.  
**APT W115**

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**MIAMI FL**

City & State

4. FEI Number **65-0636524**

Applied For  
Not Applicable

Zip  
**33126**

Country  
**VSA**

Zip

Country

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

**MARTINEZ, HUGO  
7500 SW 8TH ST, STE 303  
MIAMI FL 33144**

Name **HUGO MARTINEZ**

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

**5505 NW 7 ST**

**APT W115**

City **MIAMI**

**FL**

Zip Code **33126**

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 *Hugo Martinez* **HUGO MARTINEZ - PRESIDENT**

**01-12-03**

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**  
**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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>MARTINEZ, HUGO</b>
STREET ADDRESS	<b>5505 NW 7 ST. APT W115</b>
CITY-ST-ZIP	<b>MIAMI FL 33126</b>
TITLE	<input type="checkbox"/> Delete
NAME	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Hugo Martinez* **HUGO MARTINEZ** **01-12-03** **305-2610375**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)