## 2001 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Mar 19, 2001 8:00 am Secretary of State DOCUMENT # P95000051225 COLINDRES BUILDING, INC. 03-19-2001 90052 015 \*\*\*150.00 Principal Place of Business Mailing Address 9688 S.W. 24TH STREET 9688 S.W. 24TH STREET MIAMI FL 33165 MIAMI FL 33165 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For City & State 4. FEI Number City & State 65-0595535 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MARQUEZ, JOSE M Street Address (P.O. Box Number is Not Acceptable) 782 NW LEJEUNE ROAD **SUITE 548** MIAMI FL Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Change ☐ Addition TITLE ☐ Delete TITLE HERRAN, MANUEL A NAME NAME 8460 SW 5TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-709 **MIAMI FL 33144** SD Change ■ Addition ☐ Delete TITLE TITLE VALDES, DANIEL R. NAME NAME 9755 S.W. 62 ST. STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY-ST-ZIP DVP Change Addition TITLE ☐ Delete HERRAN, EMILIANO NAME 12900 S.W. 2ND STREET STREET ADDRESS STREET ADDRESS **MIAMI FL 33182** CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE HERRAN, JOSE A NAME NAME 8455 GRAND CANAL DRIVE STREET ADDRESS STREET ADDRESS **MIAMI FL 33144** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 a rotate himself with an address, with all other like empowered. A. HERRAU DIA SIGNATU SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

CITY-ST-7IP