

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 24, 2001 08:00 AM
Secretary of State

DOCUMENT # P96000040003

1. Entity Name
COLONIAL PROPERTIES, INC.

Principal Place of Business
12320 NE 6TH AVE
N MIAMI FL 33161
Mailing Address
PO BOX 531037
MIAMI SHORES FL 33153

2. Principal Place of Business
477 NE 107 STREET

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI FL

City & State

4. FEI Number
65-0671138
Applied For
Not Applicable

Zip
33161
Country

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

QUINTANA EDMUNDO
12320 NE 6TH AVE
N MIAMI FL 33161 US

Name
QUINTANA EDMUNDO
Street Address (P.O. Box Number is Not Acceptable)
477 NE 107 STREET
City
MIAMI FL Zip Code
33161

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 EDMUNDO QUINTANA

04/24/2001

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
QUINTANA EDMUNDO
12320 NE 6TH AVCE
N MIAMI FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
QUINTANA EDMUNDO
477 NE 107 STREET
MIAMI FL ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Delete

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: Edmundo Quintana

Pres 04/24/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)