2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000074503

Entity Name: COLPA INTERNATIONAL CORP.

FILED Apr 26, 2002 8:00 AM Secretary of State

Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
5600 SW 1 MIAMI, FL	135TH AVE. SU 33183	JITE 110	5600 SW 135TH AVE. 110 MIAMI, FL 33183		
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
5600 SW 135TH AVE. SUITE 110 MIAMI, FL 33183			5600 SW 135TH AVE. 110 MIAMI, FL 33183	110	
FEI Number:	65-0859710	FEI Number Applied For () FEI	Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
CARDENAS, NESTOR R 5600 SW 135TH AVE. SUITE 110 MIAMI, FL 33183			CARDENAS, NESTOR 5600 SW 135TH AVE. 110 MIAMI, FL 33183	110	
	named entity s e of Florida.	submits this statement for the purpos	e of changing its registered	office or registered agent, or both,	
SIGNATURE:				04/26/2002	
	Electron	ic Signature of Registered Agent		Date	
		o satisfy its Intangible Tax filing requireme g Trust Fund Contribution ().	ent and elects to do so (X).		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () CARDENAS, NE 13815 S.W. 84 MIAMI, FL 331	TH ST.	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	D () CARDENAS, NO 13815 S.W. 84 MIAMI, FL 331	TH ST.	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	D () CARDENAS, NA 13815 S.W. 84 MIAMI, FL 331	TH ST.	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	D () CARDENAS, CI 13815 S.W. 84 MIAMI, FL 331	_AUDIA J TH ST.	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	D () CARDENAS, NE 13815 S.W. 84 MIAMI, FL 331	TH ST.	Title: (Name: Address: City-St-Zip:) Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NESTOR CARDENAS D 04/26/2002