

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91537 028 ***150.00

DOCUMENT # P98000086019

1. Entity Name
COLINTRADE, INC.

Principal Place of Business
100 N. BISCAYNE BLVD. STE. 2600
MIAMI FL 33132

Mailing Address
100 N. BISCAYNE BLVD. STE. 2600
MIAMI FL 33132



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 SE 1 AVE

3. Mailing Address
21 SE 1 AVE

Suite, Apt. #, etc.
10th FLOOR

Suite, Apt. #, etc.
10th FLOOR

City & State
MIAMI FL

City & State
MIAMI, FL

4. FEI Number **65-0867270**

Applied For
 Not Applicable

Zip
33131 Country
USA

Zip
33131 Country
USA

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

HART, DAVID J
100 N. BISCAYNE BLVD. STE. 2600
MIAMI FL 33132

Name
DAVID J HART

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

21 SE 1 AVE

10th FLOOR

City
MIAMI **FL** Zip Code
33131

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

DAVID J. HART

04/19/02

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D VALERO, LUIS C ☐ Delete
TRANVVERSAL 44 #106-B-71
SANTA FE DE BOGATA, COLUMBIA

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D CADENA, ESPERANZA ☐ Delete
TRANVVERSAL 44 #106-B-71
SANTA FE DE BOGATA, COLUMBIA

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
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☐ Delete

TITLE
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/02

Date

305 577 9977

Daytime Phone #

CR2E034 (9/01)