

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90342 018 \*\*\*150.00

0283061 AV

**DOCUMENT # P99000004093**

1. Entity Name  
**COLUMBIA STORAGE, INC.**



Principal Place of Business  
7220 NW 36 ST., STE. 617  
MIAMI FL 33166

Mailing Address  
7220 NW 36 ST., STE. 617  
MIAMI FL 33166



2. Principal Place of Business  
**7220 NW 36 STREET**

3. Mailing Address  
**THE SAME**

Suite, Apt. #, etc.  
**SUITE 618**

Suite, Apt. #, etc.

City & State  
**MIAMI, FLORIDA**

City & State

Zip  
**33166**

Country  
**USA**

Zip

Country

4. FEI Number **65-0891798**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

**CORONADO, NESTOR**  
**7360 CORAL WAY**  
**STE. 21**  
**MIAMI FL 33155**

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

City **FL** Zip Code

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

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 **S** ☐ Delete  
NAME **JULIANO, JAIRO**  
STREET ADDRESS **2871 SOMERSET DR, APT H-410**  
CITY-ST-ZIP **LAUDERDALE LAKES FL 33311**

TITLE **S** ☒ Change ☐ Addition  
NAME **JULIANO, JAIRO**  
STREET ADDRESS **7220 NW 36 STREET - SUITE 618**  
CITY-ST-ZIP **MIAMI, FLORIDA, 33166**

TITLE **P** ☐ Delete  
NAME **BARRETO, ALBERTO E N**  
STREET ADDRESS **7220 NW 36 ST., SUITE 617**  
CITY-ST-ZIP **MIAMI FL 33166**

TITLE **P** ☐ Change ☐ Addition  
NAME **BARRETO, ALBERTO E N**  
STREET ADDRESS **7220 NW 36 STREET - SUITE 618**  
CITY-ST-ZIP **MIAMI, FL 33166**

TITLE **T** ☐ Delete  
NAME **DO REGO MONTEIRO, JOSE ANTONIO**  
STREET ADDRESS **7220 NW 36 ST., STE. 617**  
CITY-ST-ZIP **MIAMI FL 33166**

TITLE **T** ☐ Change ☐ Addition  
NAME **DO REGO MONTEIRO, JOSE ANTONIO**  
STREET ADDRESS **7220 NW 36 STREET - SUITE 618**  
CITY-ST-ZIP **MIAMI, FLORIDA, 33166**

TITLE **V** ☐ Delete  
NAME **ARMELIN, JOAO ANTONIO A**  
STREET ADDRESS **7220 NW 36 ST., STE. 617**  
CITY-ST-ZIP **MIAMI FL 33166**

TITLE **V** ☐ Change ☐ Addition  
NAME **ARMELIN, JOAO ANTONIO A**  
STREET ADDRESS **7220 NW 36 STREET - SUITE 618**  
CITY-ST-ZIP **MIAMI, FLORIDA, 33166**

TITLE **D** ☐ Delete  
NAME **TORRE, AFONSO EMILIO S**  
STREET ADDRESS **7220 NW 36 ST., STE. 617**  
CITY-ST-ZIP **MIAMI FL 33166**

TITLE **D** ☐ Change ☐ Addition  
NAME **TORRE, AFONSO EMILIO S**  
STREET ADDRESS **7220 NW 36 STREET - SUITE 618**  
CITY-ST-ZIP **MIAMI, FLORIDA, 33166**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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: **AFONSO EMILIO SILVA TORRE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 593 6562  
(305) 593 5147

CR2E034 (10/02)