

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90114 014 ***150.00

DOCUMENT # P99000017958

1. Entity Name
JULIANA INVESTMENTS, INC.

Principal Place of Business

Mailing Address

~~150 SE 25TH RD. SUITE 12-D~~
~~MIAMI FL 33129~~

~~150 SE 25TH RD. SUITE 12-D~~
~~MIAMI FL 33129~~

2. Principal Place of Business

3. Mailing Address

547 MAJORCA

547 MAJORCA AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

CORAL GABLES, FL

CORAL GABLES, FL

Zip

Country

Zip

Country

33134 U.S.A.

33134 U.S.A.

4. FEI Number

65-0897745

Applied For

Not Applicable

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

RESTREPO, DIEGO L

~~150 SE 25TH RD. SUITE 12-D~~
~~MIAMI FL 33129~~

Name

Diego L. Restrepo

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

547 MAJORCA AVENUE

City

CORAL GABLES

FL

Zip Code

33134

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

Diego Restrepo

DIEGO L. RESTREPO

4-25-02

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, 2002 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 ☐ Delete
 NAME **D**
 STREET ADDRESS **SAMPER, JOAQUIN**
 CITY-ST-ZIP **CARERRA 16 NO. 79-86**
SANTE FE DE BOGOTA, COLUMBIA

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 25/2002 305 3088543

Date

Daytime Phone #

CR2E034 (9/01)