

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000033637

1. Entity Name

COLOMBIAN OPTICAL TRADING, INC.

FILED

May 02, 2000 8:00 am  
Secretary of State

05-02-2000 90034 024 \*\*\*150.00

Principal Place of Business

Mailing Address

8370 W. FLAGLER STREET  
SUITE 110  
MIAMI FL 33144

8370 W. FLAGLER STREET  
SUITE 110  
MIAMI FL 33144-2038

2. Principal Place of Business

11584 NW 43<sup>RD</sup> ST

3. Mailing Address

11584 NW 43<sup>RD</sup> ST

Suite, Apt. #, etc.

#84

Suite, Apt. #, etc.

84

City & State

Coral Springs, FL

City & State

Coral Springs, FL

Zip

33065

Country

U. S. A.

Zip

33065

Country

U. S. A.

4. FEI Number

65-1000746

☒ 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

OVIEDO-REYES, ALFONSO ESQ.  
8370 W. FLAGLER STREET  
SUITE 110  
MIAMI FL 33144

Name

HOBERTH BAUTISTA

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

11584 NW 43<sup>RD</sup> ST #84

City

Coral Springs

FL

Zip Code

33065

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]*

HOBERTH BAUTISTA

4-21-00

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, 2000 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	PD	(Delete)
NAME	BAUTISTA, HOBERTH	
STREET ADDRESS	8370 W. FLAGLER STREET	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUTISTA, HOBERTH	
STREET ADDRESS	11584 NW 43 <sup>RD</sup> ST #84	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]*

HOBERTH BAUTISTA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-00

Date

(954) 587-2020

Daytime Phone #

CR2E034 (9/99)