FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90878 025 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000033637

1. Entity Name

COLOMBIAN OPTICAL TRADING, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
COLOMBIAN OPTICAL TRADING	2650 NW 64 Ave #207
Suite, Apt #, etc: 11584 NW 43RD ST #84	Suite, Apt #, etc: Sunrise, FL
City & State: Coral Springs	City & State:
Zip: 33065 Country:	Zip: 33313 Country: BROWARD

DO NOT WRITE IN THIS SPACE

4. FEI Number: 651000746 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: HOBERTH BAUTISTA

Street Address (P.O. Box Number is Not Acceptable): 2650 NW 64 Ave #207

City: Sunrise FL Zip Code: 33313

DO NOT WRITE IN THIS SPACE

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 4-29-02

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) ☒

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	PD
NAME	BAUTISTA HOBERTH
STREET ADDRESS	2650 NW 64 Ave #207
CITY-ST-ZIP	Sunrise, FL 33313
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4-29-02 (954)591-2076.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #