

## 2001 UNIFORM BUSINESS REPORT (UL-1)

DOCUMENT # P. 99000047356

1. Entity Name

Colois on the Water, Inc. ✓

FILED  
May 24, 2001 8:00 am  
Secretary of State

05-24-2001 90498 007 \*\*\*158.75

Principal Place of Business

1800 SUNSET HARBOR DR

Mailing Address

SUITE #1907

MIAMI BEACH - FL 33139

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

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

Mama Cristina Pulido,  
1800 SUNSET HARBOR DR  
SUITE #1907  
MIAMI BEACH, FL 33139

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.

SIGNATURE

Mama Cristina Pulido

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

(NOTE: Registered Agent signature required when re-registering)

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, 2001 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 | NAME                 | STREET ADDRESS              | CITY - ST - ZIP        | <input type="checkbox"/> Delete |
|-------|----------------------|-----------------------------|------------------------|---------------------------------|
|       | Mama Cristina Pulido | 1800 SUNSET DR. SUITE #1907 | MIAMI BEACH - FL 33139 |                                 |

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> Delete |
|-------|------|----------------|-----------------|---------------------------------|
|       |      |                |                 |                                 |

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|-------|------|----------------|-----------------|---------------------------------|
|       |      |                |                 |                                 |

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|-------|------|----------------|-----------------|---------------------------------|-----------------------------------|
|       |      |                |                 |                                 |                                   |

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|-------|------|----------------|-----------------|---------------------------------|-----------------------------------|
|       |      |                |                 |                                 |                                   |

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:

Mama Cristina Pulido

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #