

DOCUMENT # P99000054865

1. Entity Name
COLUMBIA TELEPHONE & TECHNOLOGY, INC.

Principal Place of Business
10723 S.W. 104TH STREET
MIAMI FL 33176

Mailing Address
10723 S.W. 104TH STREET
MIAMI FL 33176

2. Principal Place of Business
1160 N.W. 159 DR
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
MIAMI, FL
Zip
33169
Country
U.S.A.

City & State
Zip
Country

4. FEI Number
65-0981903
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SIEGEL, BERNARD F
10723 S.W. 104TH STREET
MIAMI FL 33176

7. Name and Address of New Registered Agent

Name
DAVID GOMEZ
Street Address (P.O. Box Number is Not Acceptable)
1160 NW 159th DR
City
MIAMI FL Zip Code
33169

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] 12/19/00
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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	D SIEGEL, BERNARD F	10723 S.W. 104TH STREET	MIAMI FL 33176	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	PRESIDENT, S.	DAVID GOMEZ	1160 NW 159th DR.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			MIAMI, FL. 33169		
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

7000003514457--8
-12/27/00--01063--006
****750.00 ****750.00
12/19/00

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/19/00 (305) 799-1096
Date Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC 22 PM 3:36



DO NOT WRITE IN THIS SPACE

DEFINITIVE STATEMENT

CR2E034 (5/00)