

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000085715**

1. Entity Name

COLFUND INC.**FILED**
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90029 044 ***150.00

Principal Place of Business

**2900 NORTH MILITARY TRAIL #200
BOCA RATON FL 33431**

Mailing Address

**2900 NORTH MILITARY TRAIL #200
BOCA RATON FL 33431-6308**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0971543

Applied For

Not Applied For

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

6. Name and Address of Current Registered Agent

**KARYO, MAXIMILIEN R
370 WEST CAMINO GARDENS BOULEVARD
BOCA RATON FL 33432**

7. Name and Address of New Registered Agent

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

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

TITLE **D** ☐ Delete
NAME **COLODNY, ROSLYN**
STREET ADDRESS **5497 NORTHWEST 23RD AVENUE**
CITY-ST-ZIP **MIAMI FL 33496**TITLE **D** ☐ Delete
NAME **COLODNY, RUSSELL**
STREET ADDRESS **6871 RASPERY RUN**
CITY-ST-ZIP **LITTLETON CO 80125**TITLE **D** ☐ Delete
NAME **COLODNY, KEITH**
STREET ADDRESS **9063 INDIAN RIVER RUN**
CITY-ST-ZIP **BOYNTON BEACH FL 33437**TITLE **D** ☐ Delete
NAME **RAYMOND, STACI**
STREET ADDRESS **545 S. COUNTRY CLUB DRIVE**
CITY-ST-ZIP **ATLANTIS FL 33462**TITLE **D** ☐ Delete
NAME **COLODNY, LESSIE**
STREET ADDRESS **4659 STONE MANOR HEIGHT**
CITY-ST-ZIP **COLORADO SPRINGS CO 80906**TITLE ☐ Delete
NAME **RAYMOND, STACI**
STREET ADDRESS **545 S. COUNTRY CLUB DRIVE**
CITY-ST-ZIP **ATLANTIS FL 33462**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Delete
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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #