

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V35335

1. Entity Name

IBEX COLONNADE CORP.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90106 042 ***150.00

Principal Place of Business

Mailing Address

2333 PONCE DE LEON BLVD.
 STE 650
 CORAL GABLES FL 33134
 US

2333 PONCE DE LEON BLVD.
 STE 650
 CORAL GABLES FL 33134-5418
 US

2. Principal Place of Business

169 Miracle Mile
 Suite R10
 Coral Gables, FL

3. Mailing Address

169 Miracle Mile
 Suite R10
 Coral Gables, FL

City & State
 Coral Gables, FL

City & State
 Coral Gables, FL

Zip Country
 33134 USA

Zip Country
 33134 USA

4. FEI Number 65-0336471

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

CARLTON, FIELDS, WARD, EMMANUEL, SMITH
 100 SE 2ND ST
 STE 4000
 MIAMI FL 33131

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
 NAME ROSADO, JOSE F.
 STREET ADDRESS 2333 PONCE DE LEON BLVD. 650
 CITY-ST-ZIP CORAL GABLES FL

TITLE ☒ Change ☐ Addition
 NAME 169 Miracle Mile, Suite R10
 STREET ADDRESS Coral Gables, FL 33134

TITLE ☐ Delete
 NAME TDVS
 STREET ADDRESS BLANCO, FRANCISCO E
 CITY-ST-ZIP 2333 PONCE DE LEON BLVD. 650
 CORAL GABLES FL

TITLE ☒ Change ☐ Addition
 NAME 169 Miracle Mile, Suite R10
 STREET ADDRESS Coral Gables, FL 33134

TITLE ☐ Delete
 NAME D
 STREET ADDRESS SUAREZ, ANTONIO
 CITY-ST-ZIP 2333 PONCE DE LEON BLVD. 650
 CORAL GABLES FL

TITLE ☒ Change ☐ Addition
 NAME 169 Miracle Mile, Suite R10
 STREET ADDRESS Coral Gables, FL 33134

TITLE ☐ Delete
 NAME D
 STREET ADDRESS GARCIA, JOSE C BOTAS
 CITY-ST-ZIP 2333 PONCE DE LEON BLVD. #650
 CORAL GABLES FL

TITLE ☒ Change ☐ Addition
 NAME 169 Miracle Mile, Suite R10
 STREET ADDRESS Coral Gables, FL 33134

TITLE ☐ Delete
 NAME V
 STREET ADDRESS WHITE, MARK L
 CITY-ST-ZIP 2333 PONCE DE LEON BLVD., STE 650
 CORAL GABLES FL 33131

TITLE ☒ Change ☐ Addition
 NAME 169 Miracle Mile, Suite R10
 STREET ADDRESS Coral Gables, FL 33134

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/2000

305-447-8657

CR2E034 (9/99)