

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90005 012 ***150.00

DOCUMENT # V40981

i. Entity Name
COLUMBIA EQUITIES, INC.

Principal Place of Business Mailing Address
LENOX AVENUE 20967 BLANCA TERRACE
15 BOCA RATON FL 33433-1637
BEACH FL 33139 US

010339



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.
3. Mailing Address Suite, Apt. #, etc.
550 11th Street

City & State City & State
Miami Beach FL
Zip Country Zip Country
33139 USA

4. FEI Number 65-0339407 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.25 Additional Fee Required

6. Name and Address of Current Registered Agent
GALE, ANDREW
1619 LENOX AVENUE
STE 15
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent
Name Andrew Gale
Street Address (P.O. Box Number is Not Acceptable)
550 11th Street
City Miami Beach FL Zip Code 33139

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 *Andrew Gale* Andrew Gale DATE 2/17/00
(NOTE: Registered Agent signature required when reinstating)

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	PSD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALE, ANDREW	NAME	
STREET ADDRESS	20967 BLANCA TERR	STREET ADDRESS	550 11th Street
CITY-ST-ZIP	BOCA RATON FL	CITY-ST-ZIP	Miami Beach FL 33139
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Andrew Gale* Andrew Gale DATE 2/17/00 3056731234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)