

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90318 028 \*\*\*150.00

DOCUMENT # 346607

1. Entity Name

Bellak Color Corporation

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

Bellak Color Corp.

Suite, Apt. #, etc.

622 SW 8 ST

City & State

Miami, Fla

Zip

33130

Country

DADE

3. Mailing Address

622 SW 8 ST

Suite, Apt. #, etc.

City & State

Miami, Fla

Zip

33130

Country

DADE

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4. FEI Number

59-1297505

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Manuel Fernandez Jr.

Street Address (P.O. Box Number is Not Acceptable)

4020 SW 129 Ave.

City

Miami, Fla

FL

Zip Code

33175

**DO NOT WRITE  
IN THIS SPACE**

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

Manuel Fernandez Jr.

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

(NOT TO: 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) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
President  
MANUEL FERNANDEZ SR.  
2212 SEGOVIA CIRCLE  
CORAL GABLES FLA, 33135

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Vice P.  
MANUEL FERNANDEZ JR.  
4020 SW 129 AVE  
MIAMI FLA 33175

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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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 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: