

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 14, 2003 8:00 am
Secretary of State

05-14-2003 90135 037 ***150.00

10413194 AV

DOCUMENT # P00000054889



1. Entity Name
COLAS INTERNATIONAL, INC.

Principal Place of Business
**1761 W. HILLSBORO BLVD.
#313
DEERFIELD FL 33442**

Mailing Address
**1761 W. HILLSBORO BLVD.
#313
DEERFIELD FL 33442**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1020649**

Applied For
Not Applicable

Zip Country

Zip Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ESTRIplet, MARIE CHANTAL
1761 W. HILLSBORO BLVD. #313
DEERFIELD FL 33442**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	COLAS, ALCIMON	
STREET ADDRESS	1761 W. HILLSBORO BLVD. #313	
CITY-ST-ZIP	DEERFIELD FL 33442	
TITLE	D	<input type="checkbox"/> Delete
NAME	ESTRIplet, MARIE CHANTAL	
STREET ADDRESS	1761 W. HILLSBORO BLVD. #313	
CITY-ST-ZIP	DEERFIELD FL 33442	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE: **SIGNATURE RECEIVED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-09-03 Date

561-417-3703 Daytime Phone #

CR2E034 (10/02)

Attachment

POC # P00000054009

90134313

JOHN SANTOPIETRO

MAY 09, 2003

FLORIDA DEPT. OF STATE

GENTLEMEN:

I AM THE NEW ACCOUNTANT FOR COLAS INT. INC.

THE FORMER CPA DID NOT SEND THE UBR TO ME ON TIME SO THAT MAIL IT ON TIME.

I CALLED TODAY AND WAS TOLD TO MAIL IT TODAY WITH THIS NOTE GIVING THE REASON FOR THE FEW DAYS DELAY.

THANK YOU KINDLY.

SINCERELY YOURS,

JOHN SANTOPIETRO

ACCOUNTANT

7040 WEST PALMETTO PARK ROAD #4121

BOCA RATON, FL. 33433

PHONE 561-218-2035

FAX 561-361-4335