

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90147 044 ***150.00

DOCUMENT # P97000010456

1. Entity Name

COLORBUILD, INC.

Principal Place of Business

Mailing Address

9855 SHADOW WAY
 1440
 DALLAS TX 75243
 US

782 N.W. LE JEUNE ROAD
 434
 MIAMI FL 33126-5549
 US

2. Principal Place of Business

3. Mailing Address

1609 SARA LANE
 Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Richardson TX

City & State

4. FEI Number

65-0726716

Applied For

Not Applicable

Zip

Country

75081

USA

Zip

Country

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

LOPEZ, ANTONIO R
782 N.W. LE JEUNE ROAD
SUITE 434
MIAMI FL 33126

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	DP	<input type="checkbox"/> Delete
NAME	NUNEZ, FRANCISCO	
STREET ADDRESS	1609 SARA LN	
CITY-ST-ZIP	RICHARDSON TX 75081	
TITLE	DV	<input type="checkbox"/> Delete
NAME	NUNEZ, MERCEDES	
STREET ADDRESS	1609 SARA LN	
CITY-ST-ZIP	RICHARDSON TX 75081	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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

Francisco Nunez
SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/00
 Date

305-448-3323
 Daytime Phone #

CR2E034 (9/99)