

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

FILED

02 SEP 19 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000074566

1. Entity Name

COMCOLDES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

14570 S.W. 156th Ave.

Suite, Apt. #, etc.

3. Mailing Address

14570 S.W. 156th Ave.

Suite, Apt. #, etc.

c/o Robinson Camacho

City & State
Miami, FL

City & State
Miami, FL

Zip
33196

Country
USA

Zip
33196

Country
USA

4. FEI Number
65-1125644

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

600007899526--7
-09/20/02--01065--007
*****61.25 *****61.25

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

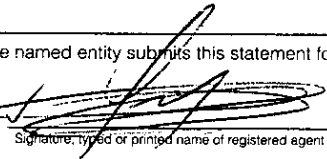
Name
Robinson Camacho

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

14570 S.W. 156th Avenue

City
Miami, FL Zip Code
33196

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

✓ 09-16-02

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
P
Yolanda Giessenow
14570 S.W. 156th Ave.
Miami, FL 33196

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
Hebert Pacheco
14570 S.W. 156th Ave.
Miami, FL 33196

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S/T
Robinson Camacho
14570 S.W. 156th Ave.
Miami, FL 33196

TITLE
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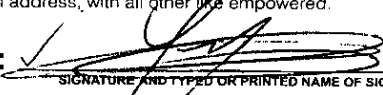
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CITY-ST-ZIP

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IN THIS SPACE**

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 lines empowered.

SIGNATURE:  Robinson Camacho 09-16-02 (305) 256-8306
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)