

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 620139

1. Entity Name
CHEMICALS OF THE FUTURE, INC.

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90083 042 ***150.00

Principal Place of Business

POST OFFICE BOX 366496
SAN JUAN PR 00936

Mailing Address

6401 SW 87TH AVE.
SUITE 204
MIAMI FL 33173

2. Principal Place of Business

#2 Madrid Street
Suite, Apt. #, etc.
12-H

3. Mailing Address

Suite, Apt. #, etc.

City & State

San Juan, PR

City & State

Zip

00907

Country

Zip

Country

4. FEI Number 59-1899956

Applied For

Not Applicable

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

JACOBS & CARNEY, CPA'S
6401 SW 87TH AVE., #204
MIAMI FL 33173

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP | PD COLLAZO, JOSE 6401 SW 87 AVE. #204 MIAMI FL 33173 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD COLLAZO, JOSE L 150 SE 25 RD II-G MIAMI FL 33129 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD COLLAZO, CRISTINA 150 SE 25 RD 11-G MIAMI FL 33129 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)