

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

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90136 022 ***150.00

DOCUMENT # F02000001781

1. Entity Name

The Color Shop Company, Inc.

DO NOT WRITE IN THIS SPACE

90073229

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

State Road No. 866, Km 12.1

3. Mailing Address

PO Box 51969

Suite, Apt. #, etc.

Int. Road #865

Suite, Apt. #, etc.

City & State

Toa Baja, PR

City & State

Toa Baja, PR

4. FEI Number

66-0592973

Applied For

Not Applicable

Zip
00950

Country
USA

Zip
00950-1969

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **José González-Trujillo**

Street Address (P.O. Box Number is Not Acceptable)
5246 S. W. 8th Street

City **Miami**

FL

Zip Code
33134

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) ☒

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

D

José A. Paulino-Hernández

10 Emilio Prudón St.

Santo Domingo, Dominican Republic

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

P/T/D

Sandy Martin

2225 M Spring Harbor Dr.

Delray Beach FL 33445

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

Colin Gooch

Vogel St, NA Enae, Lower Hutt

Ellington Mail Centre, New Zealand

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

S

Hernando A. Rivera

PO Box 191732

San Juan, PR 00919-1732

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Hernando A. Rivera

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)