

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000003995

1. Entity Name

COLIMAR INC.

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90112 040 ***150.00

Principal Place of Business

Mailing Address

1945 SANS SOUCI BLVD
NORTH MIAMI FL 33181
US

PO BOX 611496
N MIAMI FL 33261-1496

2. Principal Place of Business

3. Mailing Address

5445 COLLINS AVE

P.O. BOX 416705

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Miami Beach FL

Miami Beach FL

Zip

Country

Zip

Country

33141

U.S.A

33141

U.S.A

4. FEI Number

11-3185381

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

MELO, ANA L
1945 SANS SOUCI BLVD
NORTH MIAMI FL 33181

→ New address

Name

MELO, ANA L.

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

83-50 BYRON AVE APT #3

City

Miami Beach

FL

Zip Code

33141

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)

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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	P	<input type="checkbox"/> Delete
NAME	MELO, ANA L	
STREET ADDRESS	1945 SANS SOUCI BLVD	→ New address
CITY-ST-ZIP	NORTH MIAMI FL 33181	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MELO, ANA L		
STREET ADDRESS	83-50 BYRON AVE #3		
CITY-ST-ZIP	Miami Beach FL 33141		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/2000 (305) 864-4081

Date

Daytime Phone #

CR2E034 (9/99)