

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M39687

1. Entity Name

CORAL DYESTUFFS & CHEMICALS CORP.

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

02-08-2000 90051 023 ***158.75

Principal Place of Business

Mailing Address

3501 S.W. 8 STREET
211
MIAMI FL 33135

3501 S.W. 8 STREET
211
MIAMI FL 33135-4139

00014000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

745 SW 35th AVE

745 SW 35th AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 203

SUITE 203

City & State

City & State

MIAMI FL

MIAMI FL

Zip

Country

Zip

Country

33135

33135

4. FEI Number

59-2724313

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

GORRIZ, DOMINGO
3501 SW 8 ST.
#211
MIAMI FL 33135

Name

DOMINGO GORRIZ

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

745 SW 35th AVE

SUITE 203

City

MIAMI

FL

Zip Code

33135

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-1-2000

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
RAMIREZ, CARLOS J
CALLE 12A #4470
BOGOTA, COLOMBIA ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
RAMIREZ, CARLOS J JR
CALLE 12A #4470
BOGOTA, COLOMBIA ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

2-1-2000 201-445-5309

Date

Daytime Phone #