

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90191 031 ***150.00

DOCUMENT # M58623

1. Entity Name
CHROMATEK PHOTO IMAGING, INC.



Principal Place of Business
3400 POWERLINE ROAD
FORT LAUDERDALE FL 33309
US

Mailing Address
C/O GRUBER & ASSOCIATES, P.A.
1650 SOUTHEAST 17TH STREET, #301
FORT LAUDERDALE FL 33316-1735
US

6550 North Federal Highway
33308-1404



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6550 North Federal Highway, Suite 522
Fort Lauderdale, FL

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **65-0004251**

Applied For
Not Applicable

Zip

Country

Zip

Country

33308-1404

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

CASTRO, JOAO C.
3400 POWERLINE ROAD
FT LAUDERDALE FL 33309

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **CASTRO, JOAO C.**
STREET ADDRESS **3400 POWERLINE ROAD**
CITY-ST-ZIP **FORT LAUDERDALE FL 33309**

TITLE **P/D** ☒ Change ☐ Addition
NAME **C.**
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **CASTRO, ROSA L**
STREET ADDRESS **3400 POWERLINE ROAD**
CITY-ST-ZIP **FORT LAUDERDALE FL 33309**

TITLE **VP/D** ☒ Change ☐ Addition
NAME **L.**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joao C. Castro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joao C. Castro Pres 2/24/03 954-522-1222
Date **Daytime Phone #**

CR2E034 (10/02)