

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
 04-26-2001 90012 023 ***150.00

DOCUMENT # P00000026650

1. Entity Name
CHAMELEON COLOR GRAPHICS, INC.

Principal Place of Business Mailing Address
7335 N.W.35TH STREET **7335 N.W.35TH STREET**
MIAMI FL 33122 **MIAMI FL 33122**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
65-0993601 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

FUENTES, IDELISA I
7335 N.W.35TH STREET
MIAMI FL 33122

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PTD	FUENTES, EDILBERTO		
7335 N.W.35TH STREET	7335 N.W.35TH STREET		
MIAMI FL 33122	MIAMI FL 33122		
SVD	FUENTES, IDELISA I		
7335 N.W.35TH STREET	7335 N.W.35TH STREET		
MIAMI FL 33122	MIAMI FL 33122		

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: Idelisa I. Fuentes **IDELISA I FUENTES** 418-01 (305)470-0083
Signature and Typed or Printed Name of Signing Officer or Director Date Telephone #

CR2E034 (10/00)