

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90057 021 \*\*\*150.00

**DOCUMENT # P00000030583**

1. Entity Name  
**COLDECON CORP.**

Principal Place of Business

**7530 COLONY LAKE DRIVE  
BOYNTON BEACH FL 33436**

Mailing Address

**7530 COLONY LAKE DRIVE  
BOYNTON BEACH FL 33436**

**655080**

2. Principal Place of Business

**4772 N. CITATION Drive**  
Suite, Apt. #, etc.  
**206**

3. Mailing Address

**4772 N. CITATION Drive**  
Suite, Apt. #, etc.  
**206**



DO NOT WRITE IN THIS SPACE

City & State

**Delray Beach Florida**

City & State

**Delray Beach Florida**

4. FEI Number

**65-1023660**

Applied For

Not Applicable

Zip

**33445**

Country

**U.S.A.**

Zip

**33445**

Country

**U.S.A.**

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

**GUTIERREZ, JORGE H.  
7530 COLONY LAKE DRIVE  
BOYNTON BEACH FL 33436**

Name

**Jorge H. Gutierrez**

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

**4772 N. CITATION Drive**

**# 206**

City

**Delray Beach**

**FL**

Zip Code

**33445**

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]*

(NOTE: Registered Agent signature required when reinstating)

DATE

**04/30/2001**

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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GUTIERREZ, JORGE H</b>	
STREET ADDRESS	<b>7530 COLONY LAKE DRIVE</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33436</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ALVAREZ, JAMIE</b>	
STREET ADDRESS	<b>7530 COLONY LAKE DRIVE</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33436</b>	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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
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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 reports 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/30/2001 (961) 638-6202**

CR2E034 (10/00)