

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90176 021 ***150.00

DOCUMENT # P00000/00322

1. Entity Name

COLOR K CORP.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7205 NW 68 STREET

Suite, Apt. #, etc.

10

City & State

Miami - FLORIDA

Zip

33166

Country

USA

3. Mailing Address

7205 NW 68 STREET

Suite, Apt. #, etc.

10

City & State

Miami - FLORIDA

Zip

33166

Country

USA

11009880

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1051487

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

GUSTAVO MARIO I.

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

9130 S. JADELAND BLVD. SUITE # 104

City

Miami

FL

Zip Code

33156

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 reappointing)

DATE

DANIEL KORZENIEWSKI

04/16/03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PVSJ
KORZENIEWSKI, DANIEL A.
5532 NW 113 PLACE
Miami FLORIDA 33178

TITLE
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL KORZENIEWSKI

Date

04/12/03

Daytime Phone #

305 579-2290

CR2E034B (12/02)