

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90007 005 ***150.00

DOCUMENT # P01000010317

1. Entity Name
COLORADO CAPITAL PARTNERS, INC.

Principal Place of Business

**10351 SUNSET BEND DRIVE
 BOCA RATON FL 33428**

Mailing Address

**10351 SUNSET BEND DRIVE
 BOCA RATON FL 33428**

2. Principal Place of Business

9858 GLADES ROAD

3. Mailing Address

9858 GLADES ROAD

Suite, Apt. #, etc.

Suite 169

Suite, Apt. #, etc.

Suite 169

City & State

BOCA RATON FL

City & State

BOCA RATON FL

Zip

33424

Country

PALESTINE

Zip

33424

Country

PALESTINE

4. FEI Number

65-1075246

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

RICHARD LEVINE

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

9858 GLADES RD

Suite 169

City

BOCA RATON

FL

Zip Code

33424

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

Richard S. Levine

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/14/02

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, 2002 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	LEVINE, MICHAEL	
STREET ADDRESS	10351 SUNSET BEND DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SOLOMON, PAUL H	
STREET ADDRESS	10351 SUNSET BEND DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	STD	<input type="checkbox"/> Delete
NAME	LEVINE, RICHARD S	
STREET ADDRESS	10351 SUNSET BEND DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	9858 GLADES RD #169
CITY-ST-ZIP	BOCA RATON FL 33424
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	9858 GLADES RD #169
CITY-ST-ZIP	BOCA RATON FL 33424
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	9858 GLADES RD #169
CITY-ST-ZIP	BOCA RATON FL 33424
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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 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:

Paul Solomon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/14/02

Daytime Phone #

954-540-6609

CR2E034 (9/01)