2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State
03-11-2002 90082 002 ***150.00

DOCUMENT # P01000074566

1. Entity Name
COMCOLDES, INC.

Principal Place of Business	Mailing Address
~~2807 S.W. 180TH TERRACE~~ ~~MIRAMAR FL 33029~~	~~2807 S.W. 180TH TERRACE~~ ~~MIRAMAR FL 33029~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
10843 NW 29th St.		10843 NW 29th St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Miami, FL		City & State: Miami, FL	
Zip: 33172	Country: USA	Zip: 33172	Country: USA

4. FEI Number: 65-1125644 ☐ Applied For ☐ 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
~~TORRES, JOSE A~~ ~~300 ARAGO AVENUE~~ ~~SUITE 200~~ ~~CORAL GABLES FL 33134~~	Name: Robinson Camacho Street Address (P.O. Box Number is Not Acceptable): 10843 N.W. 29th Street City: Miami, FL Zip Code: 33172

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] ✓ 02-20-2002
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PSTD ☐ Delete	TITLE	PTD ☒ Change ☐ Addition
NAME	BOLANOS, JAVIER	NAME	
STREET ADDRESS	~~2807 S.W. 180TH TERRACE~~	STREET ADDRESS	10843 N.W. 29th Street
CITY-ST-ZIP	~~MIRAMAR FL 33029~~	CITY-ST-ZIP	Miami, FL 33172
TITLE	☐ Delete	TITLE	S ☐ Change ☒ Addition
NAME		NAME	CAMACHO, Robinson
STREET ADDRESS		STREET ADDRESS	10843 N.W. 29th Street
CITY-ST-ZIP		CITY-ST-ZIP	Miami, FL 33172
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (9/01)

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 [signature] Robinson Camacho ✓ 02-20-2002 (305)468-9591
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #