FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

02 SEP 19 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-09/20/02--01065--007
*****61.25 *****61.25

DOCUMENT # P01000074566

1. Entity Name

COMCOLDES, INC.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
14570 S.W. 156th Ave.		14570 S.W. 156th Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. c/o Robinson Camacho	
City & State: Miami, FL		City & State: Miami, FL	
Zip: 33196	Country: USA	Zip: 33196	Country: USA

4. FEI Number: 65-1125644 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Robinson Camacho

Street Address (P.O. Box Number is Not Acceptable): 14570 S.W. 156th Avenue

City: Miami, **FL** Zip Code: 33196

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: ✓ 09-16-02

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	P	TITLE	
NAME	Yolanda Giessenow	NAME	
STREET ADDRESS	14570 S.W. 156th Ave.	STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33196	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	Hebert Pacheco	NAME	
STREET ADDRESS	14570 S.W. 156th Ave.	STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33196	CITY-ST-ZIP	
TITLE	S/T	TITLE	
NAME	Robinson Camacho	NAME	
STREET ADDRESS	14570 S.W. 156th Ave.	STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33196	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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

SIGNATURE: ✓ Robinson Camacho ✓ 09-16-02 (305) 256-8306

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #