

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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90289 036 ***150.00

DOCUMENT # PO2000124685

1. Entity Name

COLOR PRO USA, INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

641 PARKWOOD DR.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ALTAMUNTE SPRINGS, FL.

City & State

4. FEI Number

14-1859641

Applied For

Not Applicable

Zip

32714

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

PROFESIONAL ACCOUNTANTS & CONSULTANTS INC

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

6955 HANGING MOSS RD

STE 106

City ORLANDO

FL

Zip Code 32807

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

DANIEL ALVAREZ

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

4/21/03

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 PRESIDENT - DIRECTOR
NAME WILBERTH DELGADO
STREET ADDRESS 641 PARKWOOD DR
CITY-ST-ZIP ALTAMUNTE SPRINGS, FL. 32714

TITLE SECRETARY / TREASURY / DIRECTOR
NAME KARINA DELGADO
STREET ADDRESS 641 PARKWOOD DR.
CITY-ST-ZIP ALTAMUNTE SPRINGS, FL. 32714

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**DO NOT WRITE
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

Date

Daytime Phone #

4/25/03

(407) 677-1194

CR2E034B (12/02)