FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 15, 2006 8:00 am
Secretary of State
05-01-2006 90385 041 ***150.00

DOCUMENT # P05000159370

1. Entity Name
COLAR'TE INC.

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-66019027

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2. Principal Place of Business	3. Mailing Address
4736 NW 114 AVENUE #202	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
# 202	
City & State	City & State
DORAL FL 33178-0000	
Zip / Country	Zip / Country
33178 DADE	

4. FEI Number 51-05-62785 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name

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

City FL Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1st May 1st $150.00
Annual Report $550.00
Amended UBR $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 AND DIRECTOR
NAME	PA'TRICIO GOMEZ
STREET ADDRESS	2972 NW 199 Terrace
CITY-ST-ZIP	MIAMI FL 33056
TITLE	REGIS'TER AGEN'T
NAME	NINEL V. GOMEZ
STREET ADDRESS	6560 NW 114 AVE, #502
CITY-ST-ZIP	DORAL FL 33178-0000

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CR2E104A (12/02)

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: _____ PA'TRICIO GOMEZ, President, _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #