

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P32752

1. Entity Name

COLORADO PRIME CORPORATION

**FILED**  
**Feb 24, 2000 8:00 am**  
**Secretary of State**

02-24-2000 90062 030 \*\*\*150.00

Principal Place of Business

Mailing Address

500 BI COUNTY BLVD #400  
FARMINGDALE NY 11735

500 BI COUNTY BLVD #400  
FARMINGDALE NY 11735-3996

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

11-2826129

Applied For

Not Applicable

Zip

Country

Zip

Country

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
110 NORTH MAGNOLIA STREET  
TALLAHASSEE FL 32301

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.

SIGNATURE

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, 2000 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	S	<input type="checkbox"/> Delete
NAME	LACHENMEYER, STEVEN	
STREET ADDRESS	1 MICHAEL AVE	
CITY-ST-ZIP	FARMINGDALE NY 11735	
TITLE	T	<input type="checkbox"/> Delete
NAME	LACHEBMEYER, STEVEN	
STREET ADDRESS	500 BI COUNTY BLVD	
CITY-ST-ZIP	FARMINGDALE NY 11735	
TITLE	TVD	<input checked="" type="checkbox"/> Delete
NAME	BURRIS, MATTHEW	
STREET ADDRESS	500 BI COUNTY BLVD #400	
CITY-ST-ZIP	FARMINGDALE NY	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ROMAN, PAUL	
STREET ADDRESS	500 BI COUNTY BLVD #400	
CITY-ST-ZIP	FARMINGDALE NY	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Steven Lachenmeyer* 2-8-00

Date

Daytime Phone #

CR2E034 (9/99)