

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000014354

1. Entity Name

COLORWISE CORP.

Principal Place of Business

7370 NW 36TH STREET, STE. #384
MIAMI FL 33166

Mailing Address

7370 NW 36TH STREET, STE. #384
MIAMI FL 33166-6734

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0737746

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

RAMOS, PEDRO V
9741 FONTAINEBLEAU BLVD.
APT. #102
MIAMI FL 33172

Name *SANTAELLA, ADELAIDA B.*

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

7370 NW 36TH STREET, #384

City *MIAMI*

FL

Zip Code *33166*

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)

4/25/2000

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 **P** ☒ Delete
NAME **RAMOS, PEDRO V**
STREET ADDRESS **9741 FONTAINEBLEAU BLVD., APT. #102**
CITY-ST-ZIP **MIAMI FL 33172**

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **SANTAELLA, ADELAIDA B.**
STREET ADDRESS **7370 NW 36TH STREET, #384**
CITY-ST-ZIP **MIAMI FL 33166**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/2000

Date

305-499-9595

Daytime Phone #

CR2E034 (9/99)

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90025 039 ***150.00

L0006760



DO NOT WRITE IN THIS SPACE