

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90273 039 ***150.00

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**

2. Principal Place of Business
16112 SW 144 TERRACE

3. Mailing Address
13727 SW 152ND ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
#. 271

City & State
MIAMI FLORIDA

City & State
MIAMI FLORIDA

4. FEI Number
65-0737746

Applied For
☐ Not Applicable

Zip
33196

Country
USA

Zip
33177

Country
USA

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

6. Name and Address of Current Registered Agent

**SANTAELLA, ADELHIDA B
7370 NW 36TH ST #384
MIAMI FL 33166**

7. Name and Address of New Registered Agent

Name
PEDRO V. RAMOS

Street Address (P.O. Box Number is Not Acceptable)
16112 SW 144 TERRACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **PEDRO V. RAMOS (PRESIDENT)**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE
1/13/2003

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
SANTAELLA, ADELAIDA B
7370 NW 36TH ST #384
MIAMI FL 33166** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
PEDRO V. RAMOS
16112 SW 144 TERRACE
MIAMI FL 33196** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
ROSSANA D. GHINAGLIA
16112 SW 144 TERRACE
MIAMI FL 33196** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **PEDRO V. RAMOS** **PRESIDENT** **1/13/2003** **305-235-7722**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)