

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90387 043 ***158.75

DOCUMENT # P98000038579

1. Entity Name
CORREA'S INTERNATIONAL COMPANY, INC.



Principal Place of Business
9624 E. ARAPAHOE RD.
GREENWOOD VILLAGE CO 80112

Mailing Address
9624 E. ARAPAHOE RD.
GREENWOOD VILLAGE CO 80112

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 **65-0837283**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

22000000



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORREA, GUILLERMO A
222 NE 27 STREET
MIAMI FL 33137

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S/D	<input type="checkbox"/> Delete
NAME	CORREA, EDUARDO	
STREET ADDRESS	820 LASHLEY ST UNIT I	
CITY-ST-ZIP	LONGMONT CO 80501	
TITLE	P/D	<input type="checkbox"/> Delete
NAME	CORREA, GUILLERMO	
STREET ADDRESS	15245 E PHILLIPS DR	
CITY-ST-ZIP	ENGLEWOOD CO 80112	
TITLE	T	<input type="checkbox"/> Delete
NAME	ALVARADO, SANDRA	
STREET ADDRESS	679 S. REED CT #3-304	
CITY-ST-ZIP	LAKEWOOD CO 80226	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Correa (Pres.) 1-24/03

Date

(303) 706-9353
Daytime Phone #

CR2E034 (10/02)