

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000040725

1. Entity Name
COLEX, INC.

Principal Place of Business
**6027B NW 31 AVE
FT LAUDERDALE FL 33309**

Mailing Address
**C/O JEFFREY C PUMA, CPA, PA
6550 N FEDERAL HWY. #340
FT LAUDERDALE FL 33308**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 240

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0836371**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PUMA, JEFFREY C
6550 N FEDERAL HWY, #340
FT LAUDERDALE FL 33308**

Name
Puma, Jeffrey C.

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

6550 N. Federal Hwy, Suite 240

City

Fort Lauderdale

FL

Zip Code

33308

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

Jeffrey C Puma **JEFFREY C PUMA**

1-18-01

(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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	P. HALL, DANIEL E 22832 N SANDALFOOT BLVD BOCA RATON FL 33428	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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:

Daniel E Hall **DANIEL HALL PRESIDENT**

4/5/01 (154) 978-3880

(Signature typed or printed name of signing officer or director)

Date

Daytime Phone #

CR2E034 (10/00)

024745