

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90967 010 \*\*\*150.00

**DOCUMENT # P98000044433**

1. Entity Name

**CHROMACOM, INC.**

Principal Place of Business

**3455 E 4TH AVE  
 #2  
 HIALEAH FL 33013  
 US**

Mailing Address

**3455 E 4TH AVE  
 #2  
 HIALEAH FL 33013  
 US**

2. Principal Place of Business

**1570 MADRUGA AVE**

3. Mailing Address

**1570 MADRUGA AVE #2**

Suite, Apt. #, etc.

**404**

Suite, Apt. #, etc.

**404**

City & State

**Coral Gables, FL**

City & State

**Coral Gables, FL**

Zip

**33146**

Country

**DADE**

Zip

**33146**

Country

**DADE**

6. Name and Address of Current Registered Agent

**PEREZ LUIS,  
 3455 E 4 AVE  
 #2  
 HIALEAH FL 33013**

7. Name and Address of New Registered Agent

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

*Luis M. Perez* **LUIS M. PEREZ**

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

(NOTE: Registered Agent signature required when reinstating)

**4/27/01**

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

TITLE **DPST** ☐ Delete  
 NAME **PEREZ, LUIS**  
 STREET ADDRESS **3455 E 4TH AVE #2**  
 CITY-ST-ZIP **HIALEAH FL 33013**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPST** ☒ Change ☐ Addition  
 NAME **LUIS M. PEREZ**  
 STREET ADDRESS **1570 MADRUGA AVE. SUITE 404**  
 CITY-ST-ZIP **Coral Gables, FL 33146**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ 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

Date

Daytime Phone #

**4/27/01 305-668-9969**

CR2E034 (10/00)