

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000084443**

1. Entity Name

COLPRIN INTERNATIONAL, INC.**FILED**
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90036 024 ***150.00

Principal Place of Business

**5812 N.W. 83 TERRACE
PARKLAND FL 33067**

Mailing Address

**5812 N.W. 83 TERRACE
PARKLAND FL 33067-5039**

DUU11024



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0867844**

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

**DARIO PEREZ, RAUL
5812 N.W. 83 TERRACE
FORT LAUDERDALE FL 33067**

Name

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

City **Parkland** **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

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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 **PD** ☐ Delete
NAME **DARIO PEREZ, RAUL**
STREET ADDRESS **5812 N.W. 83 TERRACE**
CITY-ST-ZIP **PARKLAND FL 33067**TITLE ☒ Change ☐ Addition
NAME **Perez, Raul D.**
STREET ADDRESS
CITY-ST-ZIPTITLE **VPD** ☐ Delete
NAME **ALONSO DAVIS, JAIME**
STREET ADDRESS **5812 N.W. 83 TERRACE**
CITY-ST-ZIP **PARKLAND FL 33067**TITLE ☒ Change ☐ Addition
NAME **Davis, Jaime A.**
STREET ADDRESS
CITY-ST-ZIPTITLE **TD** ☐ Delete
NAME **FERNANDO ESCALANTE, LUIS**
STREET ADDRESS **5812 N.W. 83 TERRACE**
CITY-ST-ZIP **PARKLAND FL 33067**TITLE ☒ Change ☐ Addition
NAME **Escalante, Luis F.**
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 trustee 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 #

(954) 340 261